THE LANCET.

LECTURES

ON THE

ANATOMY, PHYSIOLOGY, AND DISEASES OF THE EYE.

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Lecture XXVI.

Muscæ Volitantes; Hemeralopia and Nyctalopia; Myopia and Presbyopia.

Gentlemen,

The imaginary objects which are occasionally seen floating before the eyes are called *muscæ volitantes*; they are often the precursors of serious amaurotic affection, or they may take place from some slighter derangement of the retina, which is symptomatic only, and does not forebode any injurious consequences to vision. Some persons are troubled with appearances of this kind for many years without producing any other inconvenience, the sight remaining perfect in all other respects; and it is difficult, or even impossible to remove them.

The forms, which these objects assume, are infinitely varied; they sometimes appear like spots or streaks, sometimes in straight lines, sometimes waved, angular, twisted, turned, and united in every possible way; they are sometimes described as bladders, or chains of minute vesicles, generally undulating; often there is the appearance of an insect, as a spider, or the likeness of a spider's web, or portion of net. As to their figure, number, and colour, they are almost infinite. Frequently there is a single dark spot, moving with the eye, and presenting before any object that is looked at: there may be many such, described as resembling the blacks floating in the atmosphere of London: when they are numerous they interfere with vision, and annoy the patient greatly. They are usually in motion, appearing to descend when the eye is turned upwards, and vice versa. Often they are luminous and variously coloured, or like sparks. They are most distinctly seen in a strong light, as when the person is looking towards the sky; they present themselves particularly when the organ is exerted, becoming more inconvenient as the exercise of vision is continued, and compelling the patient to desist. Often one eye only is affected.

The important point is to distinguish whether these symptoms be the precursors of amaurosis, or whether they are symptomatic of a disturbance in the function of some other part.

If the motions of the iris be perfect, and if the patient can clearly distinguish minute objects, we may safely conclude that these muscæ volitantes are merely symptomatic; but if with these there be other symptoms indicating the incipient state of an amaurotic affection, such as pain in the head and eye, a sluggish state of the iris, an altered condition of the pupil, with other symptoms before enumerated, we must consider the muscæ volitantes as indicating the approach of amaurosis. Those which are shining or fiery are the most unfavourable. To remove these, endeavour to improve the health of the individual by a course of mild alterative and aperient medicines: in some cases the nervous system generally is weakened; the patients are feeble and out of health from confinement, residence in bad air, and other debilitating influences; they will be benefited by tonics, with moderate stimuli, whether medical or dietetic, and by a change of air from the crowded parts of town into the country. Persons who have undergone distress of mind are subject to this affection, and they become very much alarmed about the state of vision itself; we find that change of air and scene, and an attention to the diet and alimen-

tary canal, is the best treatment for such cases. However troublesome these muscæ volitantes may be, when not attended with amaurotic symptoms, they are not to be considered as dangerous; we do not usually succeed in removing them, but they become less troublesome, and are hardly noticed except under particular circumstances, or on occasions of bad health. In a paper "on the muscæ volitantes of nervous persons," in the Medico-Chirurgical Transactions, vol. 5, there are some cases minutely detailed by the late Mr. Ware, and illustrating the symptoms, nature, and management of the affection. In one of these cases the objects had been seen for 12, and in the other for 25 years, without any injury to sight.

Hemeralopia and Nyctalopia.

These are two states of vision which may be very properly distinguished by the plain English names of night and day blindness, although they are more generally denoted by two hard words derived from the Greek, viz., *hemeralopia* and *nyctalopia*; but in consequence of having adopted these learned terms, a great confusion has arisen in their application, each word being nearly as often used to express one affection as the other. Hippocrates uses the term hemeralopia to denote night blindness, and we may as well follow his example.

Night Blindness, or Hemeralopia.

Hemeralopia is that state of vision in which a patient can see very well during the day, but imperfectly as twilight comes on; and when the affection is fully formed, he loses his sight entirely at the approach of night, not being able to see a lighted candle brought close to the eye. In the commencement of the affection the person can see by moonlight, or when the room is lighted by a candle, but as it proceeds, he can see nothing after sun-set, and in the morning vision returns. There is no particular appearance in the eye; and, of course, if a person can see perfectly during the day, the organ can have undergone no important change; hence we find that the eye is quite natural in appearance. There is a little increased irritability in the commencement, but as the affection proceeds, the pupil becomes rather dilated. It is said, that as the complaint goes on, the retina becomes at length completely insensible.

The *causes* of this affection seem to be, the exhaustion of the power of the retina by exposure to strong light during the day; and hence night blindness is only found in those places and climates, where there is very powerful light, as between the tropics. In these regions the full glare of a vertical sun in an unclouded sky, and the powerful reflection of his rays from the sea, or from a sandy soil, produce an excitement of the retina to which we are wholly unaccustomed in our latitudes, although in some parts of Europe analogous influences exist in a sufficient degree to cause the affection. The feeble light of night and twilight does not impress the retina, after it has been so strongly excited in the day, sufficiently for perfect vision. Europeans often suffer from this cause in the West Indies, and more particularly those much exposed, as soldiers and sailors. The cases are especially numerous among the latter, and great numbers of a ship's crew often suffer.

The *prognosis* of the affection is perfectly favourable; it may exist for weeks or months, and yet the organ may perfectly recover, even if left to itself. There is a good description of this night blindness, or hemeralopia, in the fifth volume of the Medico Chirurgical Transactions, by Mr. Bampfield; he states that he observed about three hundred cases within a very short time, and in all of these the complaint ended without any permanent injury to vision.

When I said that hemeralopia was a complaint of hot climates, I did not mean to assert that it never occurs in other situations. Under some peculiar circumstances it happens in countries situated beyond the tropics; there is an account in one of the periodical works, of this affection having prevailed extensively among some French troops stationed in Belleisle, under a combination of local peculiarities, calculated to act powerfully on the retina, and at a season of the year favourable to their influence. In all the cases which I have seen, the affection has commenced in the East or West Indies, and been brought to England.

If the complaint will run its course, and come to an end without injuring the organ, it cannot be necessary to adopt any active treatment. Mr. Bampfield had an opportunity of trying various proceedings, and he says in his essay, that what he ultimately found the most advantageous, was, in addition to the use of aperient medicine, the application of blisters to the temples; he found that the blisters very much abridged the duration of the complaint. In the few instances which I have met with, I have adopted the same practice; with the addition, in one or two instances, of previously taking

some blood by cupping, from the temples or nape of the neck. With such treatment the complaint has readily given way.

Nyctalopia, or Day Blindness.

The opposite state to the former, or blindness during the day, is called nyctalopia. There are many states of the organ in which vision is very imperfect, even to blindness, in the strong light of day, and much better sight is enjoyed in twilight and the dusk: but I have not seen such a state as an amaurotic affection, or a condition of sight opposite to the preceding, dependent on disease of the retina or optic nerve.

In central lencoma of the cornea, incipient opacity of the lens, in partial central opacity of the capsule, in contractions of the pupil, from prolapsus iridis or adhesion of the papillary margin, connected with either of the former circumstances, the patient will see best in a weak light, and find vision very imperfect in a strong glare. The enlargement of the pupil in the former, and its contraction in the latter state, sufficiently account for this difference. On the same ground, sight is much improved in some of these circumstances by the use of belladonna. In strumous ophthalmia the intolerance of light often amounts to blindness during they day; while the symptoms remit in the evening, when the eyes are opened and the patient sees well. The Albinos are nyctalopic; the absence of pigmentum nigrum renders them acutely and almost morbidly sensible to light; they are hardly able to open their eyes in a strong sunshine; they contract their brows, and keep the palpebræ almost closed during the day, and when twilight comes they are able to see quite distinctly.

Such are the only states of the organ in which nyctalopia is seen; and I never saw a case in which it existed as an amaurotic symptom, at least never in that degree in which vision is perfect in the night or even twilight, and lost during the day.

These are all the particular modifications or forms of amaurosis with which it is necessary for you to be acquainted; some others might be enumerated, but they fall under some of the heads already considered. The German writers have adopted more numerous divisions of amaurosis than I have mentioned to you. Beer has enumerated four genera, and under each of them he has mentioned several species; if you wish to have a knowledge of these you will find them pretty fully and quite satisfactorily reported in the last edition of Mr. Samuel Cooper's Surgical Dictionary. I believe that no practical advantage can be derived from these minute subdivisions; and therefore I shall not pursue the subject further. Beer, who has made so many distinctions in describing these affections, does not adopt a corresponding variety of treatment.

There is in some individuals an original *defect* of the power *of distinguishing colours*, and of judging their relations to each other: there are even individuals who cannot distinguish colours at all. To some persons a finely coloured drawing appears like a drawing of Indian ink, the objects are clearly seen, and the light and shadow understood, but the colours are lost. Some persons can only see certain colours, and a case is mentioned in which an individual could only distinguish three, as red, yellow, and purple. Some are deficient in the perception and distinction of a single colour; unable, for example, to distinguish red and green. Such an individual thought a piece of scarlet cloth of the same colour with the grass or green table-cover on which it was placed: he purchased green cloth instead of red, to make a military uniform; and he could at no time distinguish between these two colours. Now this incapacity of distinguishing colours is an original defect, and is commonly found in many members of the same family. In the 7th vol. of the Medico Chirurgical Transactions, you will find the cases of some individuals recorded, belonging to the same family. In all the recorded instances, the organ has preserved its natural appearance; and vision has been perfect in all other respects. It is the opinion of Drs. Gall and Spurzheim, that the defect is seated in the sensorium; they conceive that the function of the eye is limited to the observing or perceiving certain impressions upon the organ, but that the judging o these impressions, the power of understanding the relations which the colours bear to each other, is the function of the sensorium; and they assign this faculty to a particular part of the brain. It is certain that an eye may be excellent for the general purposes of vision, and capable of distinguishing the minutest objects, and yet the individual may not be able to judge of colours. The latter power, with the accurate perception of the harmony of colours, and their various relations to each other, is a higher endowment; indeed, only a few persons possess it eminently. Some may draw correctly; they may take a portrait very well, al-

though, if they attempt to colour, they will spoil the outline which they before made. We even find that among the great painters, only a very few have attained the reputation of thoroughly understanding the subject of colour, and have been able to reduce that knowledge to practice in their art.

In the case of an original defect, and one probably seated in the organization of the brain, we can afford no remedy: indeed the matter is only mentioned now, that you may understand this case if an example should be brought before you.

Strabismus or Squinting.

I have mentioned to you incidentally *strabismus* or squinting, in which one eye does not move in harmony with the other; the eye may be turned inwards or outwards, towards the nose or towards the temple, the one case being termed strabismus *convergens*, the other strabismus *divergens*. It is not always confined to one eye; but in some cases both are affected, the patient appearing sometimes to squint with the right eye, and at other times with the left. If the sound eye be covered, and the patient directed to look at any object, the squinting eye will move properly, and take a straight direction: but there are instances in which this cannot be done.

Causes.—It is known to be produced by irritation in the stomach, or in other parts of the alimentary canal; thus the presence of worms will often cause it: sometimes it appears as symptomatic of the irritation of teething. It occurs also in consequence of affections of the head, whether they be of a temporary kind, or connected with organic change, as hydrocephalus, acute and chronic, tumours, and other changes of structure in the sensorium. Squinting occasionally attends the commencement of amaurosis, when it is seated in one eye; the disparity between the two organs suddenly produced, seems to cause the want of harmony in their motions; it is accompanied with double vision. It goes off after a time, even although the cause be not removed. Certain states of the cornea and pupil are capable of bringing it on; for instance, such corneal opacities as leave an access for light on one side only, will occasion the eye to be turned in the opposite direction, or towards the light; a displacement of the pupil from accident or disease, and its partial obstruction by opacity of the lens and capsule, may have a similar effect.

Treatment.—As strabismus occurs from so many causes, of course the treatment cannot be uniform. A close investigation, with a view to discover the cause, is a necessary preliminary to any other measures; when this is accomplished, the course of treatment will be obvious; or we shall see, perhaps, that the defect cannot be remedied. In the temporary forms of strabismus, arising from momentary irritation in the sensorium, or alimentary canal, the treatment will of course turn upon the removal of the cause; and when strabismus and double vision occur in the commencement of amaurotic affection, we must endeavour, by suitable measures, to remove that affection. The squinting which is produced from change in the pupil and cornea, will hardly admit of relief. Then, again, we find ourselves frequently at a loss in that species of strabismus which occurs in children. As the affection often arises sympathetically from disorders situated in the abdomen, we naturally try the effect in the first instance of an active purgative or two, followed by mild aperients, and combined with regulation of the diet. Failing to remove the strabismus in this way, we sometimes do good by tying up the sound eye for a short period during the day, so that the patient is obliged to exercise the squinting eye. We may do this at first for a quarter of an hour at a time, two or three times a day, and gradually lengthen the period of exercise to an hour or more. We should of course attend at the same time to the stomach and bowels, the diet, and the general management of the patient. It has sometimes happened, that the squinting eye has been cured by this course of proceeding, and the opposite has then become affected.

Tumours and other changes in the neighbourhood may push and mechanically confine the globe in a wrong direction; this is rather *displacement* than squinting.

Near-sightedness, or Myopia.

There are two defects of vision not dependent upon the state of the optic nerve, but upon the refractive powers of the eye. They are produced by certain configurations of the transparent media, through which the light passes, and happen in conformity to the general laws of optics. The rays of light are either collected too soon, brought together before they reach the bottom of the eye, rendering the person *myopic*, or near-sighted, or they are not collected in the proper place, the focus in which they would meet being behind the situation of the optic nerve, thus rendering a person

presbyopic, or far sighted. These kinds of sight are merely consequent upon some circumstances in the transparent media of the eye, which, in all other respects, is perfectly natural. Now the eye, being in a great part of its functions a mechanical instrument, must be subjected to mechanical laws; and we find, that a given configuration of the transparent media, a certain relation of them to each other, and their position at a determinate distance from the retina, are necessary to the formation of a distinct picture upon that nervous expansion. There is a certain distance from the eye which is called the point of distinct vision, at which we can see objects in all their details with perfect clearness. Every eye, considered as an optical instrument, has its point of distinct vision; the latter, therefore, varies in different persons, and is generally different in the two eyes of the same individual. Objects are not so distinctly seen, when moved nearer to, or further from, the eye than this point. In ordinary well-constructed eyes, the distance ranges from about 15 to 20 inches. It must be observed, however, that there are peculiarly strong eyes, which can see distinctly beyond these limits on either side. Persons who are obliged to hold objects much closer to the eye than the distance already mentioned, are called myopic, or near-sighted.

An individual who is myopic, holds a book for reading, or any thing that he may wish to examine minutely, much nearer to the eye than others; he cannot distinguish the countenances of performers on the stage, nor the subject of pictures when placed a few feet above his head; he cannot read the inscriptions on doors and houses, nor recognise persons across the street; if he go into a large room, in which there are many persons, he cannot readily distinguish those he knows. The cause of this, I have already said, is in the transparent media of the eye; probably there is an original difference in the configuration, or in the density of these media, or in the condition of their surfaces. It may be a question whether this state of the eye depends upon the habits of the individual. I am inclined to think, that the habitual mode of employing the organ may have some influence. In persons of a literary and studious character, who employ their eyes much in reading, or writing, and in others who are constantly occupied on minute objects near the eye, you may observe that the sight is frequently myopic. I remember once attending a book-sale, at which I was struck by the number of persons wearing spectacles; having counted them, I found there were twenty-three gentlemen in the room, and that twelve of the number had spectacles on. Mr. Ware took the trouble to inquire into this subject, and he consulted the surgeons of the different regiments of Guards in and about London, at that time comprehending about 10,000 men; he was informed that near-sightedness was almost unknown amongst them; not six individuals had been discharged, nor six recruits rejected on this account in 20 years. He then made some comparative inquiries of the heads of colleges at Oxford and Cambridge, and found near-sightedness very prevalent in all those institutions. In one particular instance, where the society consisted of 127 members, thirty-two either wore spectacles or used hand-glasses. From these facts, together with the well known far-sightedness of sailors and country people, we may infer, that the habitual mode of employing the eyes has decided influence in rendering them either myopic or presbyopic. Near-sightedness is not observed early in life; you never see persons trying to use glasses until towards the age of fourteen, or from that to eighteen. The defect may exist previously without being noticed, as such young subjects do not attend minutely to the state of their sight, or compare accurately their own vision with that of others.

The only mode of remedying near-sightedness is the use of concave glasses; the defect is caused by too great a refractive power, and we must have recourse to artificial measures for lessening it. Our object is to enable the near-sighted to see distant things; the defect under which they labour, does not interfere with the vision of matters brought near to the eye; indeed, the near-sighted enjoy very distinct vision of near objects, and this circumstance has given rise to the notion that the eyes are very strong. In order to select the proper glass, the person must try several, and choose that with which he can see a distant object most distinctly. If this is accomplished without any sense of painful or uneasy exertion in the eye, the glass which will enable him to do so is that which he should choose. He will probably find that with a glass rather more concave, for instance, of the next number to that which he has chosen, he can see still more clearly, but that after looking through it for a short time the eye feels strained and fatigued; he should not allow the slight advantage in point of vision to induce him to expose the eye to an influence that will be very injurious. From the use, under proper

precautions, of such concave glasses as will rectify the error in the refractive power of the eye, the near-sighted person need not apprehend any injury to the eye; indeed, the easy exercise of vision with the requisite optical aid, seems to me less hurtful than the straining and efforts to do without it. As there seems to be some reason for concluding that the optical powers of the eye accommodate themselves to the circumstances under which vision is habitually exercised, I should recommend near-sighted persons not to wear spectacles constantly, but only to use them on occasions when they more particularly require such assistance. When they have been worn for a considerable time, the person does not at first see so well on leaving them off as he did before; but this is only temporary. If spectacles, chosen in the manner I have described, be worn only occasionally, there is no fear of the eye becoming more near-sighted, so as gradually to require deeper glasses. I have used near-sighted spectacles for twenty-five years, but my eyes are not more near-sighted than at first.

The eye in the progress of age becomes presbyopic, and it might be supposed that this natural change in the organ would remedy the excess of refractive power in the near-sighted, and enable them to dispense with their concave glasses; but this is not the case, the near-sighted continue so in old age. Neither is there any ground for the notion that near-sight is strong sight.

The opposite state of the eye is called *presbyopia*, or far-sightedness; the former word being derived from πρεσβυς, an old man, because this state of the eye is observed in advancing age, and is most strongly marked in old persons. The eyes undergo certain changes in age, which have the effect of diminishing their refractive power, so that the rays of light are not brought into a focus soon enough; the focus of such rays would be formed behind the retina: this is the opposite state to that which we have just been considering. Persons after fifty, and sometimes before that age, generally find that they cannot distinguish near objects so well as they have been accustomed to do. They find it difficult to read small print, or writing, to cut a pen or pencil, or to do any thing that requires a clear near sight. Of course you are aware that the rays of light are more divergent the nearer the object is to the eye; and the further it may be, the more do they approach to the parallel direction; consequently a greater refractive power is necessary in the former than in the latter case. Far sighted persons can see distant inscriptions, or distinguish the hour by a distant church clock, when they cannot read a common print held in their own hands, or see the figures and hands of a watch. This state of the organ must be remedied by the use of a convex glass, which bringing together the divergent rays proceeding from near objects, remedies the deficient refractive power of the eye. The glasses must be chosen under the same restrictions as I mentioned in the former case; they must enable the person to see without straining or fatiguing the organ, and should only be worn for reading, writing, or the examination of near objects. This being a defective state of vision depending upon age, it gradually increases, and therefore requires a proportionate increase in the power of the glasses employed.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

BY DR. CLUTTERBUCK.

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LECT. XXXVI.

Specific Catarrh.

It now remains for me, Gentlemen, to notice two *specific* diseases of the mucous membrane of the air-passages; the one termed, from its almost universal prevalence at certain times, the *influenza*; the other, the *hooping cough* or *pertussis*. I shall first speak

Of the Influenza.

When easterly winds prevail for a length of time, catarrh of the ordinary kind is apt to become epidemic, that is, to prevail very generally, and with more or less severity in its symptoms. There is another form of catarrh of a peculiar nature, and which not only spreads widely by atmospheric influence, but which is also *contagious*; such, at least, appears to be the most general opinion on the subject, though its truth has been often questioned. This kind of catarrh is well entitled to be called *specific*, if not con-

tagious; for it differs exceedingly from common catarrh. It is, in fact, a combination of the symptoms of *idiopathic fever*, with those of ordinary catarrh — Like the former, it often makes its attack suddenly and with great violence; commencing with severe rigors, followed by increased heat, head-ach, prostration of strength, and not unfrequently delirium also; while, like catarrh, there is soreness or pain in the chest, short dry cough, and frequent respiration, with red and watery eyes. The symptoms, altogether, resemble greatly those of the measles, but without the eruption on the skin which characterises that disease.

This peculiar affection makes its appearance at different and uncertain intervals, and then spreads over a great part of the world. Its rout has been often traced very accurately. In the year 1775, it spread from Africa into Italy, and thence from country to country over all Europe, taking the direction from South to North. In 1780, it was first observed in Muscovy, or the Eastern parts of Russia, and spread gradually West and South, over the whole of Europe.

The question of its contagiousness, as I have just observed, has been a subject of much dispute. If the account that used to be given by the late Dr. Gregory of Edinburgh, in his lectures, be correct, the question must be considered as decided: and I need not observe to you that his authority is of the most respectable kind: it is as follows:—

In the Dutch war, about 40 or 50 years ago, Admiral Sir John Lockhart Ross commanded a fleet off the Dutch coast. A messenger arrived from England, where the influenza was raging, but the fleet at the time were perfectly healthy. In consequence of the orders the Admiral received, a signal was made for a Lieutenant from each of the ships to come on board the Admiral's ship, to receive instructions. Upon their return on board their respective vessels, they appear to have carried with them the contagion that had been brought from England; for in a few days, every ship in the fleet was affected throughout its whole crew almost. In one ship, out of 500 men, only 25 remained uninfected on the second day. Nor was the expected approach of the enemy, who were daily in sight, sufficient to rouse the men to activity, though on other occasions the sight of an enemy has often dispelled disease. Many, indeed, were forward to offer their services, but were totally incapable of exertion, and fainted away on the attempt.

The *contagious* catarrh, or *influenza*, not unfrequently proves fatal; particularly to the infirm, and those previously subject to pulmonic inflammation. It frequently also lays the foundation for future phthisis. When it destroys life immediately, it generally is by inducing pulmonic inflammation; but sometimes by the violence of the brain affection that attends it.

The *treatment* of the *influenza* is very similar to that of the measles, the state of the system in both being nearly similar. You are not to practice indiscriminately, by either bleeding every patient, or the contrary, as many do, but according to circumstances. The disease being *specific*, has a determined course to run, which can rarely be prevented. If the symptoms are mild, no medical treatment (no drugs I mean) is required. If more severe, the common *antiphlogistic* treatment is necessary, proportioned to the severity of the symptoms, the habit of the patient, and the stage of the disease; bearing in mind, that inflammation either in the brain, or in the lungs, is the immediate source of danger.

Of the Hooping Cough.

The *hooping cough* is an inflammation of the mucous membrane lining the trachea, immediately below the larynx. This I have ascertained by repeated dissection. The inflammation, however, is of a *specific* nature, and does not proceed like common inflammation, nor is it curable by the same remedies.

The disease very commonly, if not always, sets out with the symptoms of *idiopathic fever*. There is cough, more or less violent, but which is not at first distinguishable from a common cough. After a time, however, it becomes peculiar, though probably not so in all cases. The patient has long fits of coughing, by which he is nearly exhausted; while the lungs are emptied of air in a greater degree than usual. Then a violent inspiration succeeds, attended with a shrill sound (termed *hooping*), the effect of the velocity with which the air rushes in through the glottis. This is frequently followed by vomiting. The long and repeated coughing seems to be occasioned by the difficulty of detaching the mucus secreted by the inflamed parts, and which is remarkably viscid and adhesive, as is seen in children, in whom it requires often to be detached from the fauces by the nurse's finger. These fits of coughing recur at different and uncertain intervals; sometimes every half hour almost, at others not more than three or four time in 24 hours. The intermissions are free

from complaint, at least in the pure and unmixed cases of the disease; which shows that the lungs themselves are not essentially the seat of it.

Hooping cough is not always as simple as I have now stated, but often gives rise to other affections, such as hæmorrhage, either from the nose or lungs, or both, and extravasation of blood in the *tunica conjunctiva*. Sometimes the inflammation extends to the larynx, and induces *croup*; at others, it descends to the lungs, producing pain in the chest, and difficulty of breathing in greater or less degree, and which continues in the intervals of the cough. In very young children, the brain is apt to suffer by the frequent interruption to the return of blood from the head during the fits of coughing. Convulsions then often take place; and sometimes hydrocephalus, or inflammation of the brain or its membranes, ensues. It has often other remote consequences, laying the foundation for tubercular consumption.

Progress.—The hooping cough, like most other *specific* diseases, has a determined course to run, and which it follows in spite of all remedies. Its severity and duration are extremely various. In simple and favourable cases, it is two or three weeks in arriving at its height, when it remains stationary for perhaps as long a period; and from this, it slowly and gradually declines, so as to continue for ten or twelve weeks altogether. There is, however, great latitude observed in all these points. Sometimes, when the disease has apparently run its course, it is renewed again, upon accidentally taking cold, and its duration in consequence greatly prolonged. Whether it preserves its *specific* character during this long course, and especially upon a relapse, seems to be not sufficiently ascertained.

Prognosis.—Hooping cough is not dangerous in itself, but often becomes so by bringing on other diseases, the most unfavourable of which are croup, inflammation of the lungs, and brain affections in infants. Hæmorrhage, if not immoderate, is rather likely to give relief. Vomiting also is considered a favourable circumstance. One of the greatest dangers attending hooping cough, when severe and long protracted, is its tendency to leave behind it chronic disease in the lungs, and ultimately to induce phthisis.

The only *cause* of this disease is a *specific contagion*; it only attacks once in life.

Treatment.—Properly speaking, hooping cough is incurable; that is, it is a *specific* form of inflammation, and therefore not curable by common remedies; and we have as yet discovered no *specific* for it. This, however, is of the less importance, as after a time it ceases of itself. The proper object of practice, therefore, is to watch its progress, obviating, as far as possible, its accidental combinations: adopting, in short, a *palliative*, instead of a *curative* plan of treatment.

In slight cases, no medicine is required, and probably none is useful, except in as far as it may tend to prevent mischief in the brain or lungs, and which may be done in some degree by common antiphlogistic means. The occasional exhibition of an emetic, moderate purging, and, in strong and plethoric subjects blood-letting, are the principal means likely in this way to prove useful.

If *croup* or *pneumonia* should arise, a more active use of remedies will become necessary, particularly blood-letting, blistering, and the digitalis. The same means are applicable when the brain is suffering.

Too much importance is attached to *change of air* in these cases, as if it were a specific remedy. In the early stage of the disease, when fever is present, it is better to confine the patient to a regulated temperature. At a later period, change of air and of situation may be serviceable, upon the same principle that it is so in common cough.

An infinite number of remedies have been, from time to time, employed in hooping cough; and there is generally some one or more that the public place implicit reliance on. I need not observe that they are invariably deceived in their expectations. The abandonment of one is immediately followed by the introduction of another, which in its turn becomes a favourite for a time; and thus the delusion is perpetuated; for while there are always those to be found who have an interest in deceiving, the public are always as ready to give credence to every bold assertion. It is easy to see how pretenders succeed in these cases; they have only to extend their promises of cure to a sufficiently distant period, and their prediction is sure to be verified, by the natural cessation of the disease.

I may just enumerate some of the principal remedies that have been in vogue from time to time, for the cure of hooping cough. Among these are *antispasmodics*, such as *musk*, *castor*, and the *oil of amber*. These were employed upon a mistaken theory, and may be therefore safely neglected. The *hemlock*, at one time, was considered a *specific*; but while I have never seen any reason to think it useful, I have often observed it to be

prejudicial by its narcotic properties. *White vitriol* (sulphate of zinc) formed the basis of one of the boasted remedies in this disease, and supported its credit for many years, under the denomination of the *anti pertussis*. As it occasionally acted as an emetic, it sometimes did good, as other emetics will do. The *tincture of cantharides* is another of the remedies strongly recommended, but has nearly ceased to be employed, no doubt because it failed to answer the purpose intended. *Mercury*, by its power over certain other *specific* diseases, naturally enough suggested itself for employment on this occasion; but after many trials, I am not at all satisfied of its utility. As to liniments to the spine, and other external applications, it is hardly worth while to name them.

We have next to speak of the *diseases of the lungs* themselves.

When the texture of the lungs is unravelled, we find them to be made up of the following parts:—1. The minute ramifications of the *bronchia*, with their terminations in the air cells of the lungs; 2. The *blood-vessels*, namely, the *pulmonary artery*, with its ramifications, which bring the venous blood from the right side of the heart, and terminate in the *veins* of the same name; by these the blood, after having received the influence of the air, is again returned to the left side of the heart, renovated in its properties, and fitted for general circulation; the *bronchial artery* derived from the aorta, and terminating chiefly in the *vena azygos*, (so called from its having no fellow); this artery, *the bronchial*, is that which nourishes the organ, and is independent of the respiratory function. 3. The *absorbing* vessels; and, 4. The *nerves*. The different parts now mentioned, connected together by intervening cellular membrane, constitute the general substance of the lungs. These, lastly, are invested by a dense membranous covering, a continuation of the *pleura*, or membrane lining the cavity of the thorax altogether, and which is reflected from thence over the lungs; still retaining the name of *pleura*, but called *pleura pulmonalis*, in order to distinguish it from that portion of the membrane that lines the ribs, and which is called accordingly *pleura costalis*. The continuity of this membrane throughout its extent, favours the spreading of inflammation, and also the adhesion of the surfaces opposed to each other when so inflamed.

The lungs are, perhaps, the most vascular structures in the body, and are, in fact, made up in great part of blood-vessels; a circumstance that renders them at once prone to hæmorrhage and to inflammation.

The *absorbing vessels* of the lungs are very numerous, though minute in size. They go to the root of the lungs, near to the bifurcation of the trachea, where lymphatic glands are found of a dark blue colour.

The *nerves* of the lungs are few in number, and the sensibility of the parts is proportionally small; a point, this, worthy of your attention; for there are many of the diseases of the lungs, and those of the greatest importance, which are attended with very little pain, and which, without this knowledge, would be in danger of being overlooked.

The diseases to which the lungs are liable are sufficiently simple, and consist, for the most part, in inflammation, and the consequences of this. Not being muscular in their structure, the lungs are, of course, not subject to spasm, nor any variety of involuntary motion.

Inflammation of the lungs altogether, is termed by Dr. Cullen, *pneumonia*; and he divides it into the two species, *pleurisy* and *peripneumony*. In most cases, these are found in combination, and then the term *pleuro-peripneumia* has been applied. As, however, they sometimes appear separately and distinctly, it will be most useful to treat of them in this light: and first of *pleurisy*, as the most simple.

Of Pleuritis.

Pleuritis, or *pleurisy*, (inflammation of the pleura,) is a very simple disease, and in general easily recognized by its symptoms. But the pleura is rarely affected alone; the lungs themselves commonly participate in the inflammation, and, in fact, 99 cases out of 100 of what are called cases of inflammation of the lungs, are a combination of inflammation of the pleura, and of the substance of the lungs.

When the pleura is solely affected, the *symptoms* are few and simple; viz. pain, more or less acute, in the side affected, and which may be felt higher or lower, forwards or backwards, according to the particular seat of the inflammation. The pleura sometimes appears to suffer inflammation without producing pain, as may be inferred from the existence of adhesion and other effects of inflammation discovered after death, where no suspicion existed of such an affection during life. The pain, when present, is always much increased upon inspiration, in consequence of the membrane being put upon the stretch. There is, in most cases, a short and frequent cough, at first dry,

afterwards attended with a discharge of mucus, oftentimes dotted or streaked with blood. The cough, however, is not an essential symptom; and when it does occur, is to be attributed to the inflammation extending itself to the mucous membrane of the *bronchia*.

In slight pleuritic affections, there are often no febrile symptoms present; but in the more violent cases, the *pyrexia* is in proportion. If the patient be young and strong, and the disease recent, the pulse is fuller and stronger than in most other diseases. But if he be weak, and the disease has been much protracted, the pulse becomes small and wiry.

If the disease is going on favourably, and is attended with cough, the expectoration becomes more copious and easy, with a gradual abatement of the pain and febrile symptoms. If the contrary, the expectorated matter is glutinous and adhesive, and with difficulty discharged by coughing. If blood be drawn in this disease, when at all severe, it is observed to be thickly buffed on its surface, and more or less cupped, according to the continuance of the disease.

Some have attempted to distinguish between inflammation of the *pleura pulmonalis*, and inflammation of the *pleura costalis*; but this is very difficult, if not impossible to be done; in the first place, because the seat of pain is just the same; and secondly, because the inflammation in most cases spreads from one part of the membrane to another.

Progress and Terminations.—The progress of pleurisy is varied by the degree of the inflammation, and the disposition to the disease, which is very different in different individuals, and at different times. Many cases terminate in health, even without the aid of remedies. It may terminate also fatally immediately, by the mere violence of the inflammation, though this is far from common. It often ends in adhesion of surfaces, which cannot be known with certainty during life; or in serous accumulation (*hydro-thorax*,) which is known by its appropriate signs; these I shall presently make known to you.

Causes and *Treatment.*—The causes of pleurisy are any of the common causes of inflammation, which it is not necessary, therefore, to again recite. The treatment, likewise, is very simple, being merely *antiphlogistic*. *Bloodletting*, especially in the beginning, is generally indispensable, and, in strong subjects, often to a great extent; together with *blistering*, and perhaps nauseating doses of *antimony*. After *bloodletting* has been employed to the requisite extent, *calomel*, in repeated doses, promises to be of service. Some recommend *calomel* and *opium* in large doses, believing that such a combination renders the opium not only unobjectionable, but highly useful, thereby rendering *bloodletting* less necessary, if at all so. I cannot venture to speak positively to this point, but recommend it to your future attention.

I should have observed to you, that when the pleura on the left side is the seat of the disease, the inflammation often spreads to the coverings of the heart, with the effect, generally, of disturbing the action of this organ. This, however, makes no difference in the treatment of the case.

FOREIGN DEPARTMENT.

PATHOLOGY.

St. Vitus's Dance. Observations on the efficacy of the Radix Artemisia. By Dr. Gitterman of Emden. (*Hufeland's Journal der Practischen Heilkunde. Jan.* 1826.)

In the first part of this paper there is a case detailed of the successful exhibition of the radix artemisia vulgaris, in a child ten years old, affected with St. Vitus's dance. The medicine was given, in the form of powder, every three hours, in ten grain doses, so that about a drachm was administered daily. After a few weeks the child was quite cured. It is, however, to the author's remarks on this disease that we wish principally to direct the attention of our readers.

"Wichmann," as remarked, in his intelligent work on diagnostics,* that the character of St. Vitus's dance is still very undetermined, and that correct ideas of the disease are far from being generally entertained. This author, at the same time accused the English medical men of being very superficial in their opinion on this complaint, from their declaring it

* Ideen zur diagnostik, Ir. Theil, p. 149.

to be a kind of paralysis.* But notwithstanding the excellent manner in which Wichmann has distinguished the great, or acute, (as he termed it) St. Vitus's dance from another disease, viz., raphania, still, in my opinion, he has not himself quite freed the common St. Vitus's dance from all the difficulties with which it is surrounded, and in his labours on this subject has followed too closely on the old physicians, particularly the older English ones. Wichmann has made, in his work, a vast difference between the chorea of the English and another kind of convulsive disease, which he named the German, or great St. Vitus's dance, of which he only acknowledged the latter to be the true chorea, and the former merely as a species of the other. Other physicians have followed him in the same line, of whom I will only mention Thilenius. This observer of nature has communicated different cases of the so called 'Wichmann's great St. Vitus's dance,' and has distinguished it from another convulsive disease, which he, according to Schäffer, called '*increased irritability*, or *involuntary muscular motion*.'

Amongst the older physicians, Sydenham has so accurately described St. Vitus's dance, or *the involuntary muscular motion*, that the words of this great man ought not to be omitted here.

"Chorea St. Viti convulsionis est species quæ ut plurimum pueros puellasve a decimo ætatis anno ad pubertatem usque invadit; primo se prodit claudicatione quâdam vel potius instabilitate alternitnus cruris quod æger post se trahit fatuorum more, postea in manu ejusdem lateris cernitur; quam hoc morbo affectus vel pectori vel alii alicui parti applicitam nullo pacto potest continere in eodem situ vel horæ momento sed in alium situm aliumque locum convulsione quadam distorquetur, quidquid æger contra nitatur. Si vas aliquid potu repletum in manus porrigatur antequam illud ad os possit adducere, mille gesticulationes circulatorum instar exhibebit; cum enim poculum recta linea ori admovere nequeat deducta a spasmo manu huc illuc aliquamdiu versat, donec tandem forte fortuna illud labiis proprius apponens liquorem direpente in os injicit atque avide haurit, tanquam misellus id tantum ageret, ut dedita opera spectantibus risum moveret."—*Schedula Monitoria de nova febris ingressu*, p. 661.

In this description of the St. Vitus's dance of the English, according to Wichmann, we find nothing mentioned that only one side is attacked, or a species of paralysis is present, rather applicable to the *involuntary muscular motion* of Schäffer, so that I can see nothing essential between them. We find, also, in Stoll, (*Ratio Medendi*, tome iii. p. 278), a convulsive disease, to which he has given the name of Vitus's dance, but which, in reference to the symptoms, does not agree with the great St. Vitus's dance of Wichmann, but in every particular with the complaint described by Thilenius and Schäffer. Just in the same way Cullen has described, under the name of St. Vitus's dance, the disease which Wichmann, Schäffer, and Thilenius wished to call *involuntary muscular motion*. The two forms of the disease are essentially different, and I will now endeavour to point out to my professional readers the great marks of difference.

The grand dance of St. Vitus, of Wichmann and others, has regular paroxysms and intermissions. In the intervals, the patients are quite well. This change of state is observed even when the disease is most intense.

The involuntary muscular motion of Schäffer and Thilenius, which is the chorea of the English, does not assume the form of paroxysms, but the symptoms are permanent. Sleep during the night appears only to cause a remission of the attack. In the great St. Vitus's dance, the paroxysms have the same frequency and intensity in the night as during the day.

It at one time assumes the form of epilepsy, trismus, opisthotonos, and catalepsy. It attacks the internal organs. It may remit several days, and again show itself in consequence of certain affections of the mind. During the paroxysm, the power of speech is either completely taken away, or it is perfectly entire; there is difficult deglutition from cramp of the muscles of the pharynx, and, finally, as a distinguishing mark, it can even, in its most severe stage, disappear all on a sudden, producing a complete cure.

The chorea, or minor St. Vitus's dance, has, again, the following diagnostic marks: remission in the evening, when sleep comes on. No paroxysms, at least none in the middle of the day or night. No mental change. The movement of the muscles is constant, without such quick changes as are observable in the other species. When the disease has arrived at what Thilenius calls its third stage, there is ordinarily a slight fever in the evening, with nocturnal remission. There is no remission of the complaint for whole days. The speech of the patient is at first some-

* Libro citat, p. 145.

what obscure; by and bye it becomes almost unintelligible. Degintition is performed without impediment, and the cure is gradual. In short, we see that the name of great St. Vitus's dance is a name apt to lead into error, indicating a pathological state, which is more aptly called by the term convulsio chronica.

The patients attacked with the great St. Vitus's dance, are generally those who have reached puberty. In the chorea, on the contrary, few are attacked who have passed that period. Thuessink says, that amongst the great number of children he had treated with chorea, none were older than twelve years. Schäffer remarks, that this nervous affection attacks, for the most part, girls about two or three years prior to menstruation. Sydenham asserts that the chorea attacks children between ten and puberty. No example has been found where the disease called St. Vitus's dance in England, was found beyond this period. Wichmann says, that the great dance of St. Vitus, or more properly speaking, the convulsio chronica, occurred in four individuals between 20 and 30 years of age. It attacks the female sex much more frequently than the male. Both diseases are in this respect similar. The great species is particularly caused by affections of the mind, unfortunate love affairs, and in women especially, by an excited state of the genital organs. In chorea, worms, saburra, gastric irritation, and the like, are frequently the exciting causes.

It does not appear, by any means, that the convulsio chronica is infectious, notwithstanding the high opinion of Richter.* Indeed the very author in whose works Richter pretended to have found this opinion, says the very contrary. The author of this paper also adduces two instances favourable to such a notion, which fell under his care in the Orphan Hospital. When we consider, however, that the number of patients exposed to this complaint was not less than 200, and that the disease occurred in two girls just at the period of puberty, who had been placed in the same room with certain other girls labouring under this complaint, we shall certainly be inclined to attribute the complaint to sympathy rather than to any peculiar infection. No example of any thing like infection in cases of chorea, has been brought forward by any author; and as for this disease being epidemic or endemic, we have, indeed, great doubts.

* Richter's Spec. Therapie, 7r. Band, S. 149.

Treatment.—In the great dance of St. Vitus, there is generally some hidden cause which excites the disease, and which is more or less brought into action by the deranged function of some part, more particularly of the genital organs; consequently the cure cannot be effected until the pathological condition be removed, and the organ made to perform its usual function. Cold iron applied has sometimes been known to produce a cessation of the symptoms. In some cases, where a deranged state of the menstrual discharge indicated venesection, both this remedy and other antiphlogistic remedies have been employed with success. It must be confessed, however, that evacuants are in most cases but of little use, as the disease belongs to those purely nervous affections which supervene without any obvious cause, *morbus sine materia.*

In chorea, cold will be applied in vain. All the experiments made with metals have, without exception, failed. Neither will any benefit be received from bleeding. The best and most efficient remedies are purgatives, the good effects of which are well known in this country. [We refer our readers on this subject to the well-known work of Dr. Hamilton, of Edinburgh, on Purgatives.]

SURGERY.

On the difference between Necrosis and Caries. (Dr. RICHTER, *uber die Necrose*, p. 70.)

BOTH necrosis and caries have this in common, that they may arise from similar causes, that a smaller or greater portion of bony substance may be destroyed, and a fluid secreted. These common appearances, however, exhibit such great differences, that when the characters are duly considered, no doubt can be left in the mind of any one on the nature of the diseases that he is about to treat.

The development of caries *peripherica*, as well as necrosis, is marked by pain; but this symptom, taken by itself, proves nothing, from being common to both diseases. The situation of the pain, however, affords a suspicion of its nature. Caries attacks, most commonly, structures of a spongy nature near to the joints; necrosis, on the contrary, a thicker structure. The swelling accompanying the caries *peripherica*, follows the pain, and at the beginning is never so extensive; for this kind of destruction commences from a single point, from which it afterwards spreads. Necrosis, on the contrary, raises itself in a certain space, and con-

sequently, at its beginning, has a pretty broad surface, which from the local complaint remains always of the same size. The swelling also in caries, never assumes an asthenic or inactive character, but all the symptoms of inflammation make their appearance at the same time; the parts are of a dark red, bluish or livid colour, the temperature much increased, and the pain very violent and superficial. In necrosis the swelling precedes a long time the inflammation, which appears later on the surface, and has, in the majority of cases, according to the cause and the vitality of the soft parts concerned, more or less the asthenic character; this is merely the type of the reaction of the organic part in the neighbourhood excited, in behalf of the restoration of the dead bone. The superficial necrosis thus agrees with the appearance observed in caries, only when both arise from mechanical force, or owe their origin to that cause commonly known under the name of metastasis, or when they are seated in bones surrounded by parts which possess a low degree of life. In these cases the destroying process has a common character.* Should there be any doubt in this stage of the disease whether the bone is necrotic or carious, it will be removed when the swelling of the soft parts breaks.

The openings which arise during caries, from absorption of soft substance, are, with regard to their number and form, quite different from those that occur in cases of necrosis. In caries of the bones, the swelling opens itself extensively; there is great loss of substance, and this loss goes on increasing. In caries of bones that are surrounded with much muscular substance fistulæ arise, which have a very small opening, and remain contracted. They then become callous, and show on their edges none of the fleshy side to which Dzondi has directed the attention of medical men. Instead of numerous open mouths, which occur in necrosis, caries has ordinarily only one principal mouth, which permits the chief cause of the disease to be expelled. The openings which arise afterwards, come on when the disease spreads over a greater surface.

The nature of the secreted fluid forms a distinctive mark between the two diseases; in caries this is true sanies and no pus, which only appears when the destructive process is stopped and the healing begins. This fluid has a bad smell, colours silver, linen and cotton black, and contains black points, which are the thrown off particles of the dead bone, that cannot be taken into the circulation, and consequently are thrown off with the discharge. The secretion, on the contrary, observed in necrosis, is true pus. When, on the opening of the swelling, the bone is laid bare and the probe introduced, it (the bone) will be felt rough, uneven, loose, soft, yielding, pierced with small holes, and to a certain extent destroyed. This destruction is the consequence of an increased action of the absorbents, and proceeds from or points towards the circumference in all directions. The yielding, soft, and worm-eaten condition of the substance of the bone in caries, arises from the retrogression of the part to the state of its earlier development, which it must undergo before it is thrown off, and is taken up into the general circulation. In necrosis, on the contrary, the bone is smooth, even, and hard like ivory. This structure is produced by the extinction of the vitality of the part. Caries, in its progress, shows a marked difference from necrosis. The former disease is usually very obstinate and tedious; and the only limits which nature appears to set to it, are the rendering the edges of the wounds of the soft part callous, and effecting a somewhat similar change in the substance of the bone. For the restoration of the destroyed parts nature can do very little, when the disease has assumed a very violent character; since the soft parts and periosteum are more or less destroyed, and cannot therefore contribute to their reproduction. In favourable cases carbuncles form themselves, which make their appearance at the same time with those arising from the soft parts; these occupy the whole open space, but are seldom converted into bone; for after death, on macerating the soft parts, the former diseased portion is generally marked by a deficiency of bony substance, and a roughness and unevenness of the surface. But the case is quite different in necrosis; for in this disease the bone dies, and in most cases new action (if no counter-cause exist) is excited in the soft part, and during the destruction of life in the bone, nature has already commenced a process by which the new product frequently takes on a proper form and a considerable degree of firmness. A very peculiar ap-

* A confirmation of this, I find in the *Edinburgh Medical and Surgical Journal*, Jan. 1825. p. 7. *in a paper by Mr. Cumin.* "But I am inclined to believe that in such cases caries is often complicated with osteo-necrosis, some portion of the diseased surface suffering from ulceration, while another is necrosed."

pearance in caries, which for a certain time is very evident, is a certain fungous structure, which not only arises from the soft, but also from the bony parts. This becomes very large, and covers the whole upper surface of the bones, rendering the cure very difficult. In necrosis it is no doubt true, that such after-structure frequently arises, but only on the outer fistular openings. They are the result of the formation of healthy pus, of little importance, and can easily be distinguished from the fungous mass which arises in carious bones. The papillæ which arise from carious bones are also inactive, soft, and livid. They bleed from the slightest touch; hence they can be easily distinguished from those that come on in the soft and bony parts, after healthy pus.

1. *Diagnosis of Necrosis from Spina Ventosa.*

Both the necrosis *totalis* and *centralis* may be confounded with *spina ventosa*, unless all the symptoms peculiar to both complaints be taken into consideration. The two diseases commence with deep-seated pain; the swelling, which only comes on afterwards, proceeds, in the *spina ventosa*, from the bone, is slow in its progress, and gradually assumes the great size which is met with in no other disease of the bones. In the necrosis *totalis*, on the contrary, the soft parts merely swell, and this swelling is rapid in its course, and never feels so hard as when the parietes of the bone are separated from each other, and never attains such a size. The same holds good in the swelling which is the consequence of the *necrosis centralis*, which also proceeds in part from the bone, as in *spina ventosa*, but it never becomes so large, and on account of the simultaneous swelling of the soft parts, invariably feels elastic. Further, in the necrosis *totalis*, inflammation much sooner appears on the surface, whereas in *necrosis centralis* it is only perceptible when the substance of the bone suffers great loss, and when it happens in consequence of the openings of the soft parts. In the spina *ventosa* the œdematous integument becomes inflamed much later, and ordinarily when the pus is much spread in the bony part, with destruction of the substance that can be easily traced by the finger. On the swelling being opened, a very considerable quantity of sanies flows out, which can never be increased by pressure on account of the foramen being in the bone itself. A severe hectic fever, which manifests itself previous to the breaking of the integuments, is also a characteristic of the *spina ventosa*. By means of the probe, however, the most positive information may be obtained on the nature of the existing disease. In necrosis *totalis* we find every where a naked, smooth, and hard surface; and in the necrosis centralis, a portion of dead bone remaining in the sound. In the *spina ventosa* the probe may be pushed in all directions, even in the substance of the bone, making new ways for itself. Besides, the bad result of the spina ventosa soon puts beyond a doubt the nature of the complaint.

2. *Diagnosis of Necrosis from Caries Centralis of the Heads of the Joints.*

With this form of disease can be confounded only the extremely rare one of necrosis *superficialis* of the cortical substance of the condyles. But the pain existing in the interior of the joint, the evident stiffness of the limb on rising in the mornings; its feel of weakness and fatigue; the more and more uncertain step; the prolongation of the limb; the change of the form of the joint; the wasting away of the diseased limb; the pain in the neighbouring joint in the second period; the shortening, as well as the other appearances, which are so characteristic of the disease; afford the means of deciding on it with certainty, even before breach of continuity takes place.

THERAPEUTICS.

*On the direct application of Galvanism to the Nerves of the Orbit, and the use of this Remedy in the cure of Amaurosis.**

The important and curious facts which M. Magendie's experiments led him to discover, have induced this distinguished physiologist to pursue them still farther, and to observe the analogy between the effects produced on the visual organ from cutting the fifth pair, and the state of the eyes when affected with amaurosis. Thus we find that the principal organs of sight, namely, the globe of the eye and the optic nerve, are no longer active when the influence of the fifth pair has been taken away. An animal, which has had the fifth pair cut, loses immediately the sight of the side that has been injured, although the eye continues for a time to have all the necessary physical conditions for the exercise of sight.

One would imagine from this result, that the impression of light transmitted to the brain was performed not by the optic nerve, as has been hitherto supposed, but by the fifth pair. Such, however, is not the case; for by cutting the optic

* Journal de Physiologie Experimentale, par F. Magendie.—Avril 1826.

nerve, an animal loses sight and sensibility to the action of light at the same time. The sound state of the optic nerve, as well as that of the fifth pair, are indispensably necessary for the exercise of sight. The privation of the one or the other produces a state having the character of amaurosis, or more properly speaking amaurosis itself. It thus becomes, if not certain, at least extremely probable, that there are two kinds of amaurosis, one arising from a special affection of the optic nerve, the other depending on a disease of the fifth pair, or a privation of the influence of the latter nerve on the visual apparatus.

Reasoning on this hypothesis, we can suppose that a powerful excitement of the branches of the fifth pair, will produce some useful effect. To succeed, however, it will be necessary to employ a remedy that will act only on the nerve, without injuring the surrounding parts.

For this purpose, a needle, similar to those employed for electro-puncture, was thrust into the frontal nerve, where it emerges from the supra-orbitary foramen.

The amaurotic patient on whom this remedy was applied, described the sensation which he experienced as similar to that which is felt when the nerve on the posterior side of the elbow-joint is injured; which is familar to every one. So complete was the effect, that all the ramifications of the branch were distinctly traced by the individual on whom the experiment was made. The very same effects were produced on puncturing the infra-orbitary branch.

To observe what results these punctures might have, only two were made on the first day. On the following day, the same number of punctures was used, but deeper, with the same effect.

As no great difficulty was found in finding the branch of the nerve where it runs along the upper part of the orbit, the needle was pushed in the direction of the lachrymal twig, which after a little trouble was punctured. The sensation on the orbit, when this occurred, was of a peculiar kind, and produced a very unusual flow of tears. The author produced a cessation of the secretion in a former experiment, where the trunk of the fifth was cut.

In making these trials no evil consequences resulted. The pupil contracted when any of the branches were punctured, but there was no change in the state of the amaurosis. A trial of galvanism on the nerves that had been experimented on, was resolved in order to excite indirectly the action of the retina and optic nerve.

Two days after the trial of puncturing already spoken of was made, a needle was thrust into the frontal nerve, and another into the superior maxillary. These needles were brought into contact with the two poles of a weak voltaic pile, composed of twelve pairs of discs six inches square. Every time that contact was made, the patient felt a painful commotion in the course of the nerves, and in the deep-seated parts of the orbit. The light became more sensible, and the pupil contracted.

This treatment was continued about 15 days; the amaurosis evidently amended, the pupil contracting and assuming nearly the dimensions of the membrane in the sound eye. But as the patient left Paris soon afterwards, it was not known whether the good effects produced had continued.

Since that time M. Magendie has treated several cases of incomplete amaurosis, with and without paralysis of the muscles of the eye, and in almost all cases with very advantageous effects. A case of amaurosis dimidiata externa of the left side, accompanied with paralysis of the upper eye-lid, rectus internus and rectus superior, was with this treatment cured in three months. As soon as cases of complete amaurosis present themselves, a similar treatment is to be adopted.

These experiments prove, that pricking the orbitary branches of the fifth pair is in no ways dangerous.

That the distribution of the nerve when so treated, gives the same disagreeable sensation experienced when the cubital nerve at the posterior part of the elbow-joint is struck by any hard body.

M. Magendie proposes to use this remedy in affections of the other senses, and has, indeed, made some trials with it already, the publication of which he reserves to another opportunity.

On the Traffic with Leeches. By Dr. Kunzmann of Berlin. (Hufeland's Journal der Pract. Heilkunde, March 1826.)

The increased demand for leeches during the last 20 years, and the scarcity of them in France, America, and particularly in England, compared with the abundance of these creatures in Germany, Silesia, and Poland, has gradually given rise to a trade with these animals, which is much greater than one would at first sight be inclined to believe. How profitable this trade must be, may be learned from this fact; that Apothecaries in Paris and London find it to their advantage to send men from these towns to procure or cause to

be procured these animals for their use, and to convey them to these capitals. This, however, is less remarkable when we consider that in the year 1819, the expense for leeches alone in the Parisian hospitals was 4,800 sterling. In the year 1823 it was nearly 7000 guineas. According to Sarlandiere the yearly sum paid for these animals, for the hospitals in France, is upwards of *one million and a half of francs*, or in English money £60,000! Not less than *seven million two hundred thousand of these animals* are annually sent to England. The merchants buy them in summer for 12 rix dollars (36 shillings) a thousand; in winter they pay 30 to 45 dollars; a price which they can very well afford to give, for according to Boehr's statement, a shilling or eighteen pence will be sometimes paid a piece in the shops in London.

The mode that the leech merchants transport the animals is different. Some make use of wooden vessels, which have been carefully cleaned with boiling water, and which must have contained neither salt, nor tobacco, nor the like. In this vessel from 2 to 3000 are placed without water. In 36 hours afterwards, and just before they are to be put into the waggon, one fourth part of the vessel is filled with water.

As the young animals attack the old, care is taken by the merchants not to put these two together. When the journey is not above eight days, the animals in general live, but if the period of their transportation exceeds that, the greater part of them die. The mortality is still greater when the weather is warm, or there has been thunder.

Another set of people, particularly the French merchants, transport these animals in a linen bag, which has been well washed, without soap, however, and in order to avoid the bad consequences of shaking during the transportation, they carry them. When thunder comes on they thrust bag and leeches into any marsh they find on the way, but not in a running stream. When the place is at no great distance, they put into one bag as many as it can hold. The better way seems, however, to be that we have already adverted to, transporting them in small numbers in bags.

The great object of the above statement respecting the quantities of leeches used, is to show the probable danger there exists of the supplies of these animals being soon exhausted, and to propose measures to be taken to prevent such a dreadful event. The alarm, however, is unfounded; and if it were not, the plan proposed of bringing them all together in one large marsh, or in places constructed for them, would be much more likely to create a dearth of these animals sooner than double the present consumption.

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*Case of Rheumatism of the Heart, treated by Acupuncturation.**

A girl, 18 years of age, after having suffered from an attack of rheumatism in the upper and lower extremities, was seized with a violent pain in the heart, immediately after being relieved of her complaint in the joints. This pain resembled what she had felt in the extremities, was aggravated by emotions of the mind, during rainy weather, south and easterly winds, and in damp places. Sometimes it continued for several days, with violent palpitations, which became more and more intense every time it recurred. She was bled both locally and generally, had baths, mustard sinapisms, injections, &c., but without any effect.

After being convinced, from the symptoms, that the disease was rheumatism, we resolved, from the harmlessness of the remedy, to try what effect acupuncturation would have on the patient.

The patient being placed on her back, and a little on her right side, a needle 13 lines in length was introduced between the fifth and sixth ribs, near the middle of the cartilage of the latter. It was then directed with a rotatory motion towards the heart, going from below upwards, and from right to left, without reaching the organ. The patient felt no pain during the introduction. No sooner was this done, however, than she began to stretch out her limbs, then to contract them, and at last to fall into a kind of delirium. This last symptom only lasted ten minutes, and on recovering she seemed as if she were awaking out of a sleep: the pain was still very violent. A second needle, fifteen lines in length, was then introduced into the same intercostal space, at a point corresponding to the sixth rib, an inch before its union with the cartilage. The acupuncturation was repeated a third time, with a needle eighteen lines in length; and, according to M. Pegros, who details the case, it no doubt entered the pericardium, and reached the point of the heart. From this time the patient got better, and although the weather was for some time afterwards damp, the rheumatic pains never returned.

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* Revue Medicale, May 1826.

THE LANCET.

London, Saturday, August 12, 1826.

COLLECTANEA.

THE APOTHECARIES ACT of 1815, presents us ample testimony of the rapacity and imbecility of the Worshipful Company of Rhubarb Hall on the one hand, and on the other it exhibits disgusting evidence of the manner in which chicanery and shuffling are either sanctioned, or pass altogether unobserved, in our Houses of Parliament. Had any member of the legislature (possessing an ordinary understanding) attentively perused this Act, it is impossible that he could have failed to discover that it was framed with an eye to the immediate advantage of a few, to the obvious injury of thousands, and that instead of its being of a beneficial nature, either to the public or exclusively to the Members of the Medical Profession, it was only calculated to retard the progress of the most useful of all sciences, and to fill the coffers of a herd of ignorant pharmacopolists. The chicanery exhibited in this detestable instrument, and the total disregard of the public welfare manifested by its framers, cannot be more effectually illustrated than by directing the attention of the reader to the clause relating to Chemists and Druggists, in which it is stated, that "all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply to all intents and purposes as the same trade or business was used, exercised, or carried on by chemists and druggists before the passing of this Act" Many persons will naturally inquire how such a clause as this could have been introduced into an Act projected by *Apothecaries*, and a greater number probably will ask, how it was possible that it could be sanctioned by the legislature? At the latter circumstance, after having witnessed such numberless proofs of "collective wisdom," we feel no sort of astonishment; nor ought such to be excited in the mind of any person who is acquainted with the manner in which "Public Bills" for "*private purposes*" are constantly smuggled through the House of Commons. To such individuals no other knowledge is necessary; we shall therefore proceed to point out the circumstances which led to the introduction of the anomalous clause just quoted; the adoption of which by its authors, certainly presents as curious a contradiction to their professions respecting "public good," "respectability of the profession," and other like cant, as was ever placed upon record. Here we have *Apothecaries* who write a clause to free chemists and druggists from the infliction of penalties which they willingly bestow on their own fraternity! How can this circumstance be explained? Simply thus;—after the Act of the "*Associated Apothecaries*" had been deservedly scouted by the House of Commons, and ample disgrace heaped upon its authors, the Worshipful Company conceived the spirit of "Reform," and gave birth to a bantling, not quite so unsightly, we must say, as their sister labourers; although, however, of a more favourable aspect to the view of those who were looking at public and at *self* security, yet it was sufficiently hideous to affright the Worshipful Company of Physicians, for they saw that the intended Act struck a deep and heavy blow at *their* trade; in truth, it was calculated to sever their profitable, but dishonourable, highly dishonourable, connexion with the chemists and druggists, wherefore said the *Fellows* of Warwick-lane to their Dames

of Rhubarb-Hall, unless you introduce into your Act a clause to exempt our bastards, the chemists and druggists, from all its operations and penalties, we will divorce you; in other words, if you do not permit the chemist and druggist to carry on his dispensing trade as heretofore, so that we as heretofore may continue to receive our *per centage* from him, we will oppose your Bill when in the House of Commons by every means in our power; at this declaration the Old Ladies became seriously alarmed, and began to apprehend that none of their golden dreams would be realized. Anxious, however, for their pin-money, and believing that the sale of their "Licences" would bring them no inconsiderable a portion,—altogether regardless of professional and public welfare, they inserted the clause which exempts chemists and druggists from all penalties of the Apothecaries Act, which in effect renders that Act, in point of law and utility, a mere dead letter—another sign of corporate avarice, and of legislatorial negligence.

Such is the correct history of this transaction, and it reflects eternal disgrace on all the parties implicated.

The exemption of chemists and druggists, not only nullifies the Act in a beneficial point of view, but it unfortunately throws open the door more widely to the votaries of quackery. If a man carry on the trade of chemist and druggist, what law is there in force to prevent him from exercising all the functions of the well educated medical practitioner? None, if we except the *charter* of the College of Physicians, which since the decision of the House of Lords in 1705, on a writ of error in the case of Seale v Rose, as regards *attending* and *prescribing* may, like the Apothecaries Act, be considered a dead letter; in fact, the House of Lords decreed that it was legal for an apothecary or chemist to visit, prescribe, and dispense medicines for patients, without having any license from the College of Physicians, and this fact, coupled with the clause above quoted, seems to confer on the practice of the chemist an authority which physicians, we believe, will not be very willing to recognise. At the period when the Apothecaries Act was in progress, had there been an active vigilant medical publication, had it received that exposure which the folly and injustice of its enactments so well deserved, it neither would have disgraced nor insulted the medical profession.

If the "Associated Apothecaries," as they style themselves, who first commenced their reforming operations in the year 1812, supported as they were by most liberal contributions from General Practitioners, had but proceeded boldly—advanced on sound legislatorial principles—the broad basis of public welfare and individual right, their efforts, long ere this must have been crowned with complete success; but when they truckled and cringed to the College of Physicians, to the College of Surgeons, to the Company of Apothecaries, and when, good God! they attempted to establish a FOURTH *Chartered Medical Body*, it was high time that they and their proceedings should be kicked out of the National Assembly. Instead of attempting to establish a *fourth* Medical Body, it was their duty to attempt to reduce the number of those already in existence. The Company of Apothecaries should have continued what it always had been, a company of traders. The first efforts of reform should have been directed towards the College of Surgeons; purify it, remodel its constitution, and when that shall be done, its utility and splendour, arising from the judicious acts and scientific attainments of those who will then be placed at the helm of affairs, will excite for its Members public re-

spect, in proportion to their worth and talents; they will convince mankind of the superiority of the SURGICAL profession; and show the inutility, if not the evil tendency, of all *purely Medical Colleges*: finally, the public will feel thoroughly assured that no reliance can be placed on the attainments of a practitioner, unless he has triumphed over a severe and scrutinizing test as to his qualifications; and that day must come, when it will be considered that the best security for competency, in every department of practice, *is a man's liability to be called upon to act as a* SURGEON.

In a former Number we said a few words on the treatment of rheumatism by calomel and opium, (Hamilton, Ed. Med. Comm.) which has long been a common practice, but which Dr. Chambers, of St. George's Hospital, has at least endeavoured, to appropriate to himself. As much was stated in the July Number of the Medical and Physical Journal. A distinction was taken between rheumatism as it affects the "synovial bags and bursæ of tendons," and cases in which "all the neighbouring parts, which have a covering of fibrous membrane become the primary seats of the disease." The writer does not particularize these parts, but merely states that rheumatism affecting "*all* the neighbouring parts (to a joint) is *diffused*," and, as we have already observed employs calomel and opium in its cure. In the present Number of the said Journal he has given "examples of rheumatism affecting the synovial membranes," in which another method of treatment was pursued. When rheumatism is "*diffused*," to use his own expression, the treatment is also "*diffused*"—general, but when it is confined to a joint, leeches and topical applications are also employed!

The reader will bear this wonderful sagacity in mind, and revere Dr. Macleod, the editor of the Journal, in that he has taken such a world of pains to show "the broad line of distinction" between an affection pretty nearly local, and a more or less general one. "The broad line drawn at St. George's Hospital between the different forms of rheumatism, as it respects the treatment," is indeed a most valuable addition to medicine, and will confer immortal honour on its designer, and more especially on him who has laboured to give effect to it with the public.

Ambo animis, ambo insignes præstantibus armis:
Hic pietate prior.

We deem it but fair to insert one of the cases:—

"*Bursal rheumatism, affecting the hands and knees**.—Susan Church, æt. 17; single; June 14th, 1826. Complains of pain and swelling occupying the extensor tendons of both hands, particularly the left. There is effusion into the sheaths of the tendons, and some of the joints of the fingers. Pulse 100; skin cool; tongue slightly furred; bowels natural; urine thick; catamenia regular. Ill nine months, with *occasional* swellings of synovial membranes; the urine being always thick at the time of the attacks.

Haust. piment. c. vini colchici, m. xx. *sextis horis*;
Diæta parca.

16. Knees much distended; hands better.

Hirudines x. *genu sinistro. Lotio spirituosa articulis affectis.*
Repetantur alia.

26. The medicines have been continued, and the leeches applied to the left knee on the 17th, 18th, 21st, and 23d. Knee much better; leech-bites ulcerated.

Repetantur lotio et haust.

From this time she gradually recovered, and was discharged cured on the 3d of July."

Dr. C.'s cases occupy about three pages of the Journal, but they are made up

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* *Passim*, instead of "Rheumatism affecting the bursæ" of the hands and knees, &c.

principally of prescriptions, there being no less than *thirty-eight!* We have looked at a few of them, and do not find that the Doctor has made any very egregious blunder this time; from what he says at page 118, however, it should seem that "*buccal* rheumatism" sometimes domiciles in and about the head!

A case of disease of the heart, which is said to have been "*treated* by Dr. Macmichael," follows the above; but as no *treatment* is specified, and as the brief sketch of the history of the disease which precedes the post-mortem examination, merely "serves to connect the symptoms with the morbid appearances," the lux a non lucendo is very fully exemplified. There were white tubercles in the parenchymatous structure of the lungs, and on the pericardium at the base of the heart. "At the angle formed by its reflection over the heart, they were covered by the delicate serous membrane." A large tubercle was found at the union of the cavæ, and others in the inferior of these vessels, where it passes through the diaphragm; also in the right auricle occupying the septum auricularum. The upper half of the body was œdematous

Our friend Travers, or some one for him, (report says a scurvy little fellow named Lush,) has published a case of sloughing ulceration, which may be found in the 9th volume, page 175, of this Journal. Of course we need say nothing farther about it, except observe, that the prescriptions are written in that kind of Latin which has been attributed to the canine species—"dog-latin:" e. g. p. 125, "Hiradines, xii. pubis;" p. 123, "Vini rubri, ℥ iv. in die," &c. &c. This is Lusnious, and truly honourable to Travers.

Mr. Rose relates two cases of "sloughing ulceration," one of which occurred nine years ago, and the other five, cured by bleeding, but they offer nothing worthy of notice or comment.

Mr. Jewel relates a "case of uterine hæmorrhage, in which transfusion of blood was employed unsuccessfully."

The patient had been delivered of a dead child after a difficult and protracted labour, and considerable hæmorrhage had supervened.

"The attempts to support her by the frequent repetition of laudanum and brandy, with the addition of carbonate of ammonia, having been continued for four or five hours, without improving the patient's condition; and the pulse being scarcely perceptible at the wrist, while the extremities had become cold, and the whole surface bedewed with a cold clammy moisture, the operation of transfusion suggested itself as still affording a chance of the patient's life."

The operation was accordingly performed, the jugular vein being opened, and as Mr. Jewel supposes, about four ounces of blood injected "in the space of twenty minutes." With the exception of sickness, not the slightest deviation from the previous symptoms was produced. The patient survived the operation a quarter of an hour, and under all the circumstances more could hardly have been anticipated.

Dr. Granville has attempted the operation for extirpating ovarian tumours. He made an incision, seven inches and a half in length, through the parietes of the abdomen,

- - - - when the intestines, with part of the omentum, in rather a vascular condition, presented themselves, along with the margins of two of the tumours, right and left of the wound. It had been agreed, anteriorly to the operation, that if on examination, after a sufficient incision, numerous and strong adhesions were detected, the separation of which would materially increase the risk of the patient, all further proceeding should be suspended. Dr. Granville, therefore, passed his hand into the abdominal cavity, and ascertained that, although the tumours (of which there appeared to be several) felt loose when examined externally, they were, in fact,

adhering in several directions by strong bands. This was particularly the case with regard to the tumour which ascended on the right side towards the liver, and on the left to a large cyst which had contained ten pints of a highly albuminous fluid, that had been removed some time before by tapping. The wound was brought together by the twisted suture.

Dr. Granville does not state, as he ought to have done, whether the "strong bands" which he speaks of were *broad* adhesions, or whether, *quasi pediculi*, they might not have been cut through? We have a right to ask this question, since Mr. Key once ripped open the belly to sew it up again, in a similar way; and because no man should undertake an operation who wants the courage to go through with it. The woman recovered.

There is "a case of popliteal aneurism," (in which the femoral artery was found to be divided into two trunks, which again became united where the vessel passes through the tendon of the triceps muscle), by Mr. Bell. The patient a large and muscular negro, æt. 45.

"The situation of the tumour is unusual, being not properly in the popliteal cavity, but further down. It is more superficial than a common popliteal aneurism, and rises out between the heads of the gastrocnemius. The artery at the groin is very large, and easily felt. On compressing it, the pulsation in the tumour can be stopped; but the pulsation cannot be stopped by pressing on the middle of the thigh. For *these reasons*, Mr. Bell stated that he should tie the artery lower in the thigh than usual."

So, because pressure at the groin stopped the pulsation in the tumour, and pressure at the middle of the thigh did not, *therefore* Mr. Bell ties the artery *lower down* than usual! We should have thought he would have tied it higher in the thigh than usual, under such circumstances, instead of lower down! If pressure at the groin stop the pulsation of a popliteal aneurism, and pressure at the middle of the thigh do not, it is plain that the artery bifurcates between these points, or that some extraordinary anastomoses keep up the circulation, and the rational practice would be, to tie the vessel as near to the groin as possible, by which the *greatest* chance of success would be realised; although it might not amount to actual certainty, it would be very near it. Certainly the artery should be tied where pressure stops the circulation, and not, as in Mr. Bell's case, where it does not.

It seems that Mr. Bell's operation "was attended with no unusual circumstances. The artery was easily found by lifting the edge of the sartorius muscle, and neither the vein nor nerve were (was) exposed. After the ligature was applied, the pulsation of the artery against it was distinctly observed by all who were near the patient. As an arterial branch arose from the trunk close above the ligature, it was purposely cut across; it threw out its blood with great force, and was secured.

The moment after the artery was tied, Mr. Shaw, who had his hand on the tumour, said, that the pulsation was stopped; and on asking the patient what he felt, he immediately answered, "there is no more painful beating." But Mr. Shaw, keeping his hand on the tumour, felt the pulsation return in a *few seconds*; and so distinct was the pulsation, that he mentioned it to Mr. Bell, who, after putting his hand upon the tumour, and observing that the ligature was moved by the regular pulsation of the tumour, replied, "Well, be it what it may, I shall do no more; we have done all we ought to do." The edges of the wound were brought together, "&c." In five or six days the patient died.

Dissection.—The sartorius muscle, from end to end, was affected with inflammation, of an erysipelatous character, which had spread along the whole course of its sheath; the muscle itself was swollen and tumid, with serous effusion.

Just below the part where the profunda was given off, the femoral artery was divided into two very nearly equal branches. These ran down parallel to each other, to the part where the artery passes through the tendon of the biceps muscle; here they reunited. The ligature was found on the more superficial artery, a little above the reunion.

It appears to us that Mr. Bell perform-

ed his operation, as he tells us he did, lower down than usual, without any satisfactory reason; on the contrary, with every reason against it, and that if he will reflect a little he must be convinced of his error. If he was unable to stop the pulsation of the tumour by pressure, at the part of the thigh where the artery is usually tied, he should either have performed the operation higher up instead of lower down, or have adopted Dupuytren's plan, and tied the artery at the posterior part of the thigh, by cutting down upon it, between the inner edges of the semimembranosus, semitendinosus and the adductor magnus, thus reaching the vessel just before it passes through the tendon of the triceps. A deep incision is required, and it must be confessed that the operation is by no means an easy one, and calculated to harrow up Mr. Bell's "anxious feelings;" indeed we hear, from our Correspondent at Paris, that Dupuytren himself lately hesitated to perform it, although he so strongly recommended it to his pupils.

COLLEGE OF SURGEONS.

At the 13th Meeting of the Committee of Members of the Royal College of Surgeons in London, held at the Freemasons' Tavern, on Friday, July 7th, JAMES WARDROP, Esq., in the Chair,

A copy of the terms and conditions on which the Hunterian collection, purchased by Parliament, was delivered to the late Corporation of Surgeons, having been read by the Chairman,

It was unanimously Resolved;

That the Curators of the Museum, not allowing it to be open during the hours specified in the grant, and not having prepared a catalogue descriptive of its contents, have not fulfilled the objects for which they were appointed.

That this Committee regard with great satisfaction the regulations which have lately been enforced by the Trustees of the Museum, for the purpose of rendering it more generally useful; and, while they express to the Trustees in behalf of themselves, and of that large body of surgeons for whom they have been deputed to act, their sincere thanks for their past exertions, they take the liberty of respectfully representing what they conceive to be still wanting, in order to give to this national collection the highest degree of public utility, and to place its management on a plan of liberality correspondent to the enlightened views which led to its purchase.

I. That the Museum should be open for four hours every day (Sunday excepted,) in the winter months; and six hours in the summer months; and, during these hours, that free admission be allowed to the Members of the College; to the Fellows, Licentiates and Members of all other Colleges and Universities; to the Medical Officers of the Army and Navy; to those legally authorised to act as Apothecaries, and to all scientific Foreigners; also, that medical students and other persons should be admitted on presenting a letter of introduction from a Member of the College, or from a Fellow or Licentiate of the College of Physicians.

II. That all persons who visit the Museum, should be permitted, under proper regulations consistent with the safety of the collection, to take notes of, and make drawings from, any of the preparations, and to make copies of any drawings.

III. That a descriptive catalogue of the preparations and contents of the Museum, should be formed, arranged, and printed as soon as possible.

The Committee beg leave to state, in conclusion, that, from their own knowledge of the Museum, as well as from the opinion of others who are conversant with the subject, they are firmly convinced that a catalogue of the Museum can be prepared in less than twelve months; but they will not presume to dictate to the Trustees the time which should be allowed for the accomplishment of so desirable an object.

That a copy of the above resolutions and proceedings, signed by the Chairman, be transmitted to the Lords and Gentlemen, Trustees of the Hunterian Museum.

JAMES WARDROP, Chairman.

PARIS, AUG. 4, 1826.

[From our Correspondent.]

The neighbourhood of the Ecole de Medicine begins to look dull; the students are leaving town for their domiciles à la Campagne, and it is expected that the Ecole itself will be closed on the fifteenth. DUPUYTREN and ROUX are now, as heretofore, the rival candidates for surgical popularity; as might be expected, they hate each other most sincerely.

DUPUYTREN made a hungling business of a stone operation a few days ago. After having divided the neck of the bladder and prostate with his new double-bladed bistouri caché, he failed in his attempts to extract the calculus. A large aneurism in the *middle* of the thigh came under his care lately, he was afraid to tie the artery above, and could not easily get at it below the tumour; time passed on; he still hesitated; some friend of Roux's advised the patient to go to the Charité, when Roux performed the operation according to the plan of Scarpa. He cut into the tumour, and so divided the vessels leading to the sac; the man is doing very well, and Dupuytren is very sulky, quarrelling with all the elèves, and swearing at Roux.

SIR EVERARD HOME traversed the Hotel Dieu a short time since with Dupuytren, who always took care to keep to windward of the rosy knight, not liking to come within the reach of the odour of the *eau de vie*, with which fluid he had recently lubricated his fauces. Baron LARREY will visit the three Britannic Capitals this autumn, so that a few of the Gauls will escape gelding and branding for a time. We hope the veteran will be well received. LAENNEC is better, and is expected back from Britany next week. LISFRANC, as usual, is flourishing his snuff and scalpel at the Pitié, proclaiming himself the "Roi de prosecteurs," and the "prosecteur du Roi."

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

AFFECTION OF THE TESTICLES, CONNECTED WITH GOUT.

J. Gardner, æt. 48, a mechanic. Both testicles are much swollen, of a pyramidal shape, with a hard and smooth surface. On the anterior and middle part of the scrotum, there are three small fistulous openings, from which openings is discharged a transparent, glairy fluid, resembling semen; a small probe can be introduced into one to the extent of an inch, but does not reach the testicle. There is no pain produced by pressure, and he suffers inconvenience merely from the discharge and size of the testicles. Complains also of pain in the right knee and ancle, both of which are somewhat swelled and exceedingly painful on the slightest pressure. Suffers most pain during night, and rarely sleeps more than an hour or two. Bowels open; tongue white; pulse feeble. Has no difficulty in making water, and it comes in a copious stream.

States, that two years ago, after an exertion to raise a heavy weight, he felt pain in both testicles, which was gradually followed by swelling. About a fortnight after he applied to a surgeon, who punctured the swelling on the left side, and drew off about half a pint of a yellowish fluid. In a month the fluid had collected to its former quantity.—Both sides of the scrotum were now tapped, and Port wine and water injected into the cavity of the vaginal coat. From the operation he suffered very little pain, but there was a good deal of bleeding after the fluid was evacuated; both testicles could then be felt of their natural size; however, they soon became painful, and began to swell and harden. The first fistulous opening in the scrotum appeared about a month after the last tapping, and the two others in succession in the course of a fortnight. From his account they were in consequence of three small abscesses, which formed successively on the scrotum; and he says they are in no way connected with the punctures made by the trocar, and that their situation is not the same. Six months ago he had, for the first time, an attack of gout in his right knee, which occasionally shifted to his ancle, and has since afflicted the two

joints alternately. Has been in bad health for the last two years, and has used a variety of medicine.

3d day. Since he came into the House he has taken a pill every night, composed of

Pil. hyosciam. gr. iij.
Ext. acet. colchici, gr. i. *ft. pil.*

but seemingly without the least effect. Has also taken for two nights two grains of opium, from which he finds some relief. Continues to suffer excruciating pain in his knee and ancle joints. Bowels open; pulse small, but not altogether compressible. To be bled to ʒx. and a plaster of belladonna and soap to be applied over the joints.

4th day. The blood taken away presented the buffy coat; feels no relief since the bleeding.

℞. *Pulv. opii*;
Subm. hydrarg;
Pulv. antimon. aa. gr. ii. *ft. pil.*
to be taken every night.

6th day. Took the pill last night, and although he slept little he passed the night free from pain; feels himself rather better this morning. Continue the pill.

7th day. Passed another better night. Bowels open; tongue clean. Continue.

8th day. Slept pretty well, and perspired a good deal, which relieved him much. Continue.

10th day. Continues to receive relief from the pills. The testicles are very much diminished, and the fistulous openings have healed up. To return home, and attend occasionally as an out-patient, with directions to continue the pill.

A fortnight after this he presented himself at the Hospital, having perfectly recovered his health, and the swelling of the testicles having nearly subsided; he had taken the pill every night.

Ordered to discontinue the medicine.

FISTULA LACHRYMALIS.

A woman, 50 years of age, applied in consequence of a considerable swelling of the lachrymal sac of the left eye, and a constant flow of tears over the cheek, particularly when she was exposed to cold winds. The contents of the sac could not by pressure be evacuated into the nose; the integuments were sound.

Mr. Wardrop punctured the sac with a common lancet, and a copious discharge of tears, mixed with a puriform fluid, took place. He then introduced a very small probe down through the nasal duct, which he found very much contracted in its calibre. A small style was then left in the duct in place of the probe. The style caused an unusual degree of irritation, so that in a few days it was withdrawn. The wound closed, and the swelling of the parietes of the lachrymal sac gradually diminished, so that she has now no inconvenience from the disorder, except the occasional collection of a gontlett of tears, (perhaps three or four times a-day,) at the inner canthus.

On accurately examining the channel whence the tears come, Mr. W. points out a very minute dark *puncta* in the integuments over the middle of the sac, which, in truth, is a small opening leading directly into the sac, and through which any superabundant tears pass. Mr. W. has remarked the formation of a similar fistulous opening in many cases, in some where an artificial opening has been made into the sac, and in others, where it seems to have been a natural process, and intended for the same purpose as Nature accomplishes when she establishes a fistula in the urethra behind a stricture, to admit of the flow of urine.

SUCCESSFUL CASE OF ACUPUNCTURATION.

J. T. ætat. 40, *a carpenter*, complained of constant pain in the gastrocnemii muscles of the right leg, extending from the knee to the foot. The pain was increased towards evening, and on taking exercise, frequently accompanied by slight involuntary contractions of the muscles. The integuments were of their natural appearance, with the exception of a small cicatrix on the back part of the calf. Felt much inconvenience in walking; general health good.

Stated, that about two years ago, while cleaning a window, he fell down and hit his leg against a board, a splinter of which penetrated the calf of his leg to the depth of half an inch. The piece of wood was taken out, and most acute pain followed, which, however, went off in a few days. Eighteen months after the accident, the pain in the leg returned, and continued for several months, notwithstanding the frequent application of leeches, and severe and repeated blistering. The *acupuncturation* needle was introduced into the substance of the gastrocnemii muscles, to the extent of an inch and a half at two different places, and allowed to remain for a few minutes; immediately after the application he felt relief, and he remained nearly free from pain for eight days, when, after a long walk, the pain returned; the acupuncturation was again performed with complete and permanent relief.

GUY'S HOSPITAL.

DISEASE OF THE BLADDER.

H. Mesnard, ætat. 42, a man of spare habit and dark complexion, was admitted into the Hospital on 26th of April, under the care of Mr. Key, on account of inability to retain his urine. He gave the following circumstantial account of the origin and progress of his disease:—

About two years and a half ago he had typhus fever, under which he laboured six weeks; when he was becoming convalescent from this attack, he found great pain and difficulty in passing his urine. These symptoms increasing, he consulted Mr. Bacot; it was the opinion of this gentleman that there was a calculus in the bladder, although by repeatedly sounding the man he was not able to detect it. He remained under the care of Mr. Bacot for upwards of nine months; and during this period recourse was had to various medicines, none of which, however, were productive of benefit. The patient next applied to Mr. Copeland, who was also of opinion that the symptoms were referrible to calculus in the bladder, but he failed in finding it with the sound. After a short time had elapsed, Mr. Jeffreys' opinion was taken on the nature of the case; it was similar to that of the two former gentlemen who had been consulted. Having sounded the patient eight or nine times, and not finding a calculus, Mr. Jeffreys requested the man would go to St. George's Hospital, and here he was examined by Brodie, Keate, and by Jeffreys again, but with like ill success.

Here then we have the *decided* opinion of five *West-End* Surgeons, that a patient had calculus in the bladder, although not one of the said wiseacres could detect its presence with the sound.

The poor man's sufferings were unrelieved, and having met with no benefit from the medical advice which he had already sought, he remained for a long time without taking medicine. About eight months ago he applied to Mr. Wakley, who, after sounding him in the most careful manner in various positions of the body, was convinced that there was no calculus in the bladder, and that the symptoms were referrible to and depended upon disease of the bladder itself; he prescribed the infusion of buchu, which the patient took for some time, and it afforded great relief. At the suggestion, however, of Mr. Wakley, the patient applied for admission at Guy's Hospital, because it was impossible for him to maintain that strict observance of rules at home necessary in his case.

The symptoms under which he laboured when admitted were,—a frequent and irresistible desire to expel his urine, and he can retain but a very small quantity, for, on an average, he empties his bladder about once an hour, and generally makes about a wine glassful of urine at each time. During the time of voiding his urine, he feels a severe lancinating pain along the whole course of the urethra, and a bearing-down sensation in the perinæum; at the same time he has darting pain about the anus, accompanied with tenesmus. The pain goes off gradually; he is waked from his sleep by the desire to void urine, which being so frequent, his repose is of course much interrupted. The urine contains a small quantity of mucus, it is light-coloured, and has no peculiar smell; the prostrate gland is slightly enlarged. The urine is never bloody, except after the operation of sounding; the bowels are regular, and the general health is tolerably good.

The patient was admitted, as we have already stated, on the 26th of April, and he remained in the Hospital from that period until the 13th of May, without any plan of treatment being pursued!! *

13. Ordered to rub the tartar emetic ointment over the loins.

16. The plan of treatment proposed in this case, a few days since, by Mr. Key, was that the patient should wear an elastic gum catheter, through which the urine should be constantly allowed to flow, so as to keep the bladder empty, and thus prevent the urine from producing that irritation which formed so remarkable a symptom in the patient's disease. This, however, was found to be impracticable, for although a catheter was made precisely of the same length with the urethra, so that its point might not rest in the bladder, still the instrument produced so much irritation about the neck of the bladder that it could not be worn.

Extract of opium, one scruple:
Water, three ounces. Mix.

Mr. Key directed this solution to be injected into the bladder every morning, through an elastic gum catheter.

22. Continues much the same. Mr. Key prescribed, on the 18th, a drachm

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* Surely the surgeons of this Hospital must suppose there is some magic influence in hospital air and diet.

of *spirit of nitric ether*, to be taken every six hours. He says, that during the time he took this medicine (two days) the pain was increased. Mr. Key, to-day, directed the following draught to be taken every morning.

Solution of potash, thirty drops;
Castor oil, three drachms. Mix.

20. The patient expresses himself relieved; he says, that he does not so frequently wake during the night for the purpose of emptying his bladder as formerly.

July 8. Somewhat improved; he can retain his urine in larger quantities, but he still suffers the most excruciating pain when voiding it. He was visited by Mr. Wakley on Monday (3d), and at his suggestion the patient, since that time, has endeavoured to retain the catheter, but he was at length compelled again to abandon its use. Mr. Key ordered the draught of castor oil and potash to be omitted, and *bicarbonate of potash, two scruples*, to be taken three times a day. Continue the opiate injection.

12. Much the same. Ordered to inject an ounce of olive oil into the bladder, night and morning.

15. Complains of much pain from the use of the oil, and the desire of voiding the urine is somewhat increased in frequency. Omit the injection of oil, and again use the solution of opium.

22. The improvement in this case is very trifling; some relief appeared to be at first afforded from the exhibition of castor oil and potash, but it was only temporary, and the symptoms at the date of this report are equally severe as at the time of admission. He has had febrile symptoms during the last few days, which have been in some measure removed by the exhibition of salines.

26. The patient's general health appears to be suffering; he complained to Mr. Key this morning of much uneasiness from dyspepsia. Ordered to omit all the former medicines, and to take a dose of the nitric acid julep three times a day.

July 8. Much the same; finding that his general health is affected, he wishes to leave the Hospital.

Shortly after the date of the last report the patient was dismissed.

SECOND CASE OF DISEASE OF THE BLADDER.

The symptoms in this case differed somewhat from the preceding; they were, however, as will be seen from the report, equally intractable, and alike resisted the means employed for their removal.

J. B., ætat. 22, of delicate appearance, was admitted May 3, under the care of Mr. Morgan, on account of disease of the bladder.

He stated that he was attacked nearly three years ago, with violent pain in the loins, attended with dysuria; and these symptoms continued for many months. He was informed by his medical attendants, that the pain which he experienced, was occasioned by the passage of calculi through the ureters from the kidney. A calculus of the size of a pea was voided with the urine soon after the attack of pain in the loins, and a few months after, a second was passed; since this period he has not had pain in the loins.

Present symptoms.—He has no power of retaining his urine, it dribbles away in small quantities. It is very thick when first passed, but if allowed to stand it deposits a large quantity of mucus. He suffers much from pain and irritation about the neck of the bladder, and occasionally has tenesmus. He was sounded a few weeks ago by Sir Astley Cooper, but no calculus could be detected. Ordered to take, three times a-day,

Subcarbonate of soda, ½ a drachm;
Mint julep, 1½ ounce;
Tincture of henbane, 20 minims, Mix.

Compound soda powder, (p. g.) 5 grains;
Extract of colocynth, 5 grains;
to be taken at bed time;
A large blister to be applied to the loins.

May 10. Much the same; continue the former medicines. A suppository of opium to be introduced into the rectum twice a-day.

25. Bowels much disturbed; he now takes the chalk mixture, with opium. The symptoms of the disease of the bladder continue unrelieved.

31. He now takes the mixture of soda with mint julep, and 5 grains of Dover's powder at bed time. The symptoms are not at all relieved.

Mr. Morgan on visiting the patient, to-day, remarked that he had seen a case of disease of the bladder, somewhat analogous to the present, and in which warm water was injected into the bladder. An attack of inflammation supervened, which well nigh cost the patient his life, but the original disease was thereby cured.

The patient continued in the hospital until the 14th of June, when he was dismissed at his own request.

He continued to take the soda, with an occasional dose of castor oil; but when he left the hospital no benefit had been obtained.

Operation of Lithotomy.

On Tuesday (July 25,) Mr. Bransby Cooper performed this operation on a boy of about three years of age. The patient had been suffering under the disease for two years. It will be remembered that in our observations on the last operation of lithotomy performed by Mr. B. Cooper, we stated that great difficulty was experienced in passing the straight staff. In the present case, however, it was passed with much facility; still we have "a crow to pluck" with the operator, and however unpalatable the term awkwardness (which we used in our former report) may be, we do not hesitate to apply the same term to the latter part of the present operation. The staff, we have already said, was well introduced, the external incisions were also made with due facility, and the knife equally well passed into the bladder. A short pair of forceps were now introduced for the purpose of extracting the stone, but it was found that it lay a considerable way back, and in addition to this, the child had what is termed "a deep perineum," so that the short pair of forceps employed on this occasion, were passed through the wound to a considerable distance beyond their joint, before the stone could be touched. On attempting to open them, therefore, it was found impracticable, because they were locked, as it is termed; in the wound. They were withdrawn again and again, and the same result ensued; the obvious remedy for this inconvenience was the use of longer forceps, but Mr. Cooper preferred poking about the bladder for nearly fifteen minutes, when the stone might have been removed in as many seconds.

We are gratified in being enabled to state, that the child has been free from any unfavourable symptom since the operation, and has left the hospital quite well.

The following cases were admitted into the Hospital by Mr. Morgan, on Wednesday, June 21st:—

Males—Paraphimosis; chronic disease of the knee joint; cancerous disease of the neck; ovarity of the cornea, with granular lids; strumous ophthalmia; hydrocele; ulcer of the leg; fistula in ano.

Females—Disease of the knee joint; disease of the elbow joint; ulcer of the leg; disease of the womb; dysphagia.

The only two cases which we shall notice on the present occasion, are the following:—

CANCEROUS DISEASE OF THE NECK.

The subject of this dreadful malady is a pallid unhealthy looking man, about 35 years of age; his employment has been that of a lapidary.

The disease is of eight years standing; its destructive ravages have gone to a most appalling extent. There is an ulcer, bearing all the characteristics of cancerous disease, which extends backwards from the anterior edge of the right masseter muscle, to about an inch behind the mastoid process, and from the zygoma to a considerable distance down the neck. The pinna, or lobe of the ear, is destroyed, and also a portion of the concha at its under part; there is not a vestige left of the parotid gland. The surface of the sore is irregular, and it has broad, raised, and fleshy edges; it discharges a thin fluid, emits a most offensive fœtor, and occasionally bleeds. It first made its appearance as a small wart on the side of the neck, just below the ear; this was chafed and became sore, and from that time it gradually extended. He does not experience so much pain as formerly; the pain is of a lancinating kind.

The right cheek appears swollen, but it is flabby and pendulous, the muscles on this side being totally deprived of power; whilst the antagonist muscles, drawing the mouth to the opposite side, give to the face a most unsightly and distorted appearance.

This case affords an exceedingly good illustration of the doctrine which has lately been advanced with respect to the function of the portio dura, namely, that it is the muscular or motor nerve of the face, and that the sensibility of this part is derived from other nervous sources.

With the patient under consideration, the portio dura of the right side and its various ramifications, have been completely destroyed in the progress of the disease; the power of motion is, as we before observed, entirely gone, yet the sensibility of the cheek remains unimpaired. The orbicularis palpebrarum, and the corrugator supercilii, appear to be completely paralysed; he cannot close his eye, nor knit his brows on the right side. There is also another curious and interesting fact to be observed with respect to the motion of the eye on the right side. It has been said, that on all occasions at the instant the eye-lids are closed, the eye-ball makes a rapid movement, which raises the cornea under the upper eye-lid; and various ingenious reasons have been assigned for this motion of the eye-ball. Without entering into the consideration of the accuracy of such

opinions, we would simply remark, that in the present case, when the patient attempts to close the eye, the ball is turned up so that the upper lid is almost covered by the transparent cornea; the same effect is observable when he winks with the eye-lids of the left side.

CASE OF DYSPHAGIA.

It may appear somewhat unscientific to apply so sweeping and general a term as dysphagia, (which is only a symptom of various affections,) to any case; but it will be seen, on the perusal of the following, that the cause on which the difficulty of deglutition depended, was not ascertained.

The patient, a delicate looking girl from the country, about 18 years of age, was admitted under the care of Mr. Morgan, on account of difficulty in deglutition, which was supposed at the time to arise from a stricture of the œsophagus. She stated that during the period of four months she laboured under a most distressing difficulty of respiration, and that it was attended with wheezing and copious expectoration. These symptoms *suddenly* left her about nine weeks before she came to London, and a difficulty of deglutition immediately ensued, from which time this distressing symptom has continued.

She could not swallow solids, and only the smallest quantity of fluid, with the greatest difficulty; the latter frequently producing so much pain, irritation, and distress, as to occasion its rejection. The poor girl complained bitterly of hunger; she took occasionally a small quantity of egg beaten up with wine, a little milk and arrow root. The body was greatly emaciated, she was indeed "worn to the bone;" the pulse was quick, and exceedingly feeble, and she had frequent cough, with purulent expectoration.

A few days after admission, we saw her, with Mr. Callaway; a probang was now passed down the œsophagus, but no obstruction could be detected along the course of the tube; still the difficulty of deglutition continued.

The case, therefore, now became involved in much obscurity; the sudden manner in which the disease was said to have come on, had before been remarked upon by Mr. Callaway, as a curious feature in the complaint, supposing it to be stricture of the œsophagus.

The following plan of treatment was directed, but the poor girl was not able to swallow the medicine; she remained in the Hospital about three weeks, during which time there was no alleviation of symptoms, in fact she became daily more debilitated:

Griffiths' mixture, 1 ounce, to be taken three times a day.

Blue pill, 1 *scruple*,
Extract of henbane, 1 *scruple*,
Simple syrup; mucilage; *of each half an ounce.*—Mix.

A fourth part of this to be taken every six hours.

We did not examine the chest with the stethoscope, but there could be little doubt from the appearance of the expectoration, that the lungs were suffering from tubercular disease. Dr. Byrne, who visited the patient when in the Hospital, suggested that there was probably some enlargement of the bronchial glands, which by pressing on the œsophagus, occasioned dysphagia.

Upon what principle five grains of blue pill was prescribed to be taken every four hours, we confess ourselves at a loss to conjecture. (Is this a *pure* surgical prescription for phthisis?)

Mr. Bransby Cooper admitted the following cases on Wednesday, July 12th:

Males.—Inflammation of the testicle; abscess in perineo; irritable bladder; suppurating glandular tumour in the axilla; two cases of lupus; retention of urine; disease of the penis; ulcer of the leg; papular eruptions; chronic disease of the knee joint; stricture, with fistula in perineo.

Females.—Hæmorrhoids; ulcer of the leg; tumour on the side of the neck; cancer of the mamma.

The only case from amongst these which we shall notice at present is the following:

CASE OF RETENTION OF URINE, WITH DISEASE OF THE PROSTATE, AND HÆMORRHAGE INTO THE BLADDER.

T. H., admitted on Wednesday July 12th, is a man about 68 years of age, and of tolerable good health. He states that he was attacked early on Monday morning when in bed, with great pain in the pubic region, and urgent desire to void his urine, but found himself totally unable to do so. He immediately sent for a surgeon, who did not arrive, however, before noon; a catheter was then introduced without much difficulty, and a large quantity of urine was drawn off. On the following day, Tuesday, he was visited by his surgeon, and the catheter was again passed, not, however, without much difficulty, and the urine which came away was bloody.

When admitted on Wednesday, he complained of much pain and uneasiness about the bladder; this viscus appeared to be distended, and there was much pain felt on making pressure. The patient's countenance was anxious, his pulse feeble and irregular.

A catheter was passed into the bladder, without any obstruction being offered, except at the prostate; this gland was found on examination, per rectum, to be very much enlarged. Only a small quantity of urine, tinged with blood, was drawn off; and the cannula of the catheter was much obstructed by clots of blood. In the evening the dresser again passed a catheter, with a similar result as in the morning.

13. The symptoms continue unrelieved. Mr. Cooper on visiting the patient this morning, remarked that he feared hæmorrhage was going on in the bladder; for on introducing the catheter, and moving it about the bladder, it gave to the hand the sensation of stirring amongst coagulated blood. The bladder too was obviously distended. With a view of allaying the extreme pain and uneasiness which existed, Mr. Cooper directed the patient to be put into a warm bath, and purgative medicines to be exhibited.

14. The patient has had some alleviation of pain since the use of the warm bath. Mr. Cooper passed a catheter this morning, and drew off a considerable quantity of bloody urine. It appeared that the urine flowing into the bladder had broken down or dissolved the coagulated blood. Mr. Cooper had determined, if this had not taken place, to inject the bladder with tepid water, and then to withdraw the fluid by means of a syringe. The following mixture was prescribed:

Infusion of digitalis, 3 *ounces*,
Carbonate of soda, 1½ *drachm*,
Tincture of squill, 1 *drachm*,
Peppermint water, 3 *ounces*.—Mix.
A wine glassful to be taken twice a day.

15. Complaining of great pain and irritation about the prostate, and there is great tenderness on making pressure over the bladder. The catheter is now passed night and morning, and urine, mixed with clots of blood, drawn off; it has also a highly offensive smell. Twelve leeches were ordered to be applied over the pubic region, with the use of warm fomentations.

16. Much the same; ordered the warm bath, and two grains of calomel, with a grain of opium, to be taken afterwards.

18. The symptoms continue very distressing; a sense of burning heat and pain about the neck of the bladder, with tenesmus, produce so much irritation, that the patient can obtain no repose. The catheter is still introduced night and morning, and bloody urine drawn away. He continues to take the medicine.

21. We find him this morning straining violently, and thus passing a small quantity of dark-coloured and highly offensive urine. The distressing symptoms noticed in our last report continue unabated.

24. The poor man is evidently much worse to day; he complains of violent and constant pain across the pubic region; he has frequent and urgent desire to pass his urine, which he accomplishes in small quantities, after violent straining. The tongue is brown and dry in the centre, red and moist at the tip and sides, the pulse is small, quick and irregular, and he has had occasional hiccups since yesterday afternoon. Mr. Key saw the patient to day, in the absence of Mr. Cooper, and directed a grain of opium to be given every four hours, and *fifteen drops of the solution of potash, twice a-day!!*

25. The countenance becoming more anxious, the tongue dry and brown, and the pulse small and irregular; the hiccup also continues. The irritation and pain about the neck of the bladder not relieved, still frequently straining and passing urine in small quantities.

Subcarbonate of ammonia, 5 *grains*;
Opium, 1 *grain*.
to be taken every six hours.

26. He is evidently sinking; the powers of life can no longer withstand the continued irritation to which the patient has been subjected since his attack. The pulse is very feeble, and hiccup more frequent. He lingered on, however, until the following day, when he died.

It is much to be regretted that the friends removed the body immediately, and thus prevented an examination being made.

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Operations.

On Friday, (July 28,) Mr. Key performed the operation of lithotomy on a boy, six years of age. There was nothing remarkable to be observed; except that the patient had prolapsus ani to a considerable extent, which occasioned some little impediment. The operation was completed with Mr. Key's accustomed dexterity.

On Friday, Aug. 4, Mr. B. Cooper amputated a leg, above the knee.

ST. THOMAS'S HOSPITAL.

Mr. Travers admitted the following cases into the Hospital on Thursday, July 13th.

Males—Ulcer of the leg; ulcer of the arm; scrofulous abscess of the neck; tumour at each end of the right clavicle; chronic disease of the knee joint; superficial ulcer of the breast; abscess of the testicle; hydrocele (2).

Females—Chronic enlargement of the knee joint; tumour on the tibia from extravasation of blood; inflammation of the fascia of the arm; venereal phagadenic ulceration.

INFLAMMATION OF THE FASCIA OF THE ARM, FOLLOWING A SMALL PUNCTURED WOUND.

The subject of this affection is a healthy looking girl, about 17 years of age. She states, that about ten days ago she fell down, and the point of a pair of scissors stuck in her fore-arm. The wound was very slight, and it healed in the course of a day or two; shortly after, however, she began to experience violent pain in the arm; it swelled and became inflamed; at the same time she laboured under much febrile excitement. Leeches were applied to the arm, and spirituous lotions, with the exhibition of purgatives at the same time.

Present Symptoms.—July 15. The arm is kept in a flexed position, and great pain is produced on attempting to extend it, which darts up to the axilla. There is no external redness of the fore-arm, but there is a slight blush along the inside of the upper; great pain is felt on making pressure at any part of the arm, but more especially over the biceps, which feels tense.

There is a small scar in the middle of the fore-arm, about two inches below the bend of the elbow, which is the part at which the wound was inflicted with the scissors. There is not much constitutional disturbance; the pulse is somewhat quick, and tongue slightly furred. The following measures were directed: Twelve leeches to be applied to the arm; cloths to be kept wet with a lotion composed of

Solution of acetate of ammon. ½ *pint;*
Spirit of wine, 1 *ounce.* Mix.

Calomel, 3 *grains;*
Scammony, 6 *grains;*
to be taken directly, and a dose of house medicine on the following morning.

17. Symptoms not relieved; repeat the application of leeches.

19. The patient still experiences great pain when the fore-arm is extended, or when pronation and supination are performed. There is little or no external redness, and no glandular enlargement in the axilla, or perceptible inflammation of the absorbents. The tenderness and tension along the course of the biceps, is not at all relieved; pressure here occasioning pain, which extends towards the shoulder. She still keeps the arm in the flexed position. Mr. Travers, however, directed that it should be placed on a pillow in the extended position; fearing, as he observed, that the former position might lead to a permanent contraction. The pulse continues quick, and the tongue is furred; the bowels are open, and the skin is moist.

Tartar emetic, 1-6*th of a grain;*
Opium, 1-4*th of a grain;*
Calomel, 1 *grain;*
to be taken every six hours.

Opium, 1 *drachm;*
Boiling water, half a pint;
to be used as a fomentation to the arm.

22. Some improvement has taken place in this case; there is not so much pain on pressure, nor on using the arm. Ordered to continue the pills, and as the bowels are constipated, to take a colocynth pill every second night, and a dose of house physic on the following morning. The fomentation, by mistake of the nurse, has been used cold.

24. The mouth is now much affected by the calomel; she was therefore directed to omit the pills. The symptoms of disease in the arm are almost entirely gone; the motions of the arm are performed with ease, and there is no tenderness on pressure.

27. The mouth continues sore; in other respects she is going on well.

Aug. 5. From the date of the last report to the present time, she has continued free from pain in the arm, and only remained in the Hospital in consequence of pain in the side, for which a blister was applied. Mr. Travers ascribes the benefit derived in this case to the exhibition of the calomel, and the consequent ptyalism.

OPERATION OF REMOVING A TUMOUR FROM THE ORBIT.

The particulars of this case and of an operation which was undertaken for the removal of the tumour, were given in a former number of THE LANCET; we will, however, recapitulate the leading facts, in order to elucidate the nature of the second operation.

The patient is a little girl, and was admitted on 27th of April, on account of a

tumour in the right upper eye-lid, which was so large as completely to obstruct the vision of the eye. The disease was of three months standing. Under these circumstances, Mr. Green performed an operation for the removal of the tumour on the 9th of May. A transverse incision was made through the integuments of the lid, and the tumour was then dissected out. With respect to the nature of the disease, there was a diversity of opinion; some considering it as malignant, whilst others held a contrary opinion. The portions constituting the tumour (for it was removed piece-meal, not being encysted), had an appearance of fat, but on pressing them between the finger and thumb, they broke down readily, and much resembled cerebral matter.

The incision of the eye-lid speedily closed after the operation, and the contraction produced in cicatrization occasioned ectropion or contraction of the upper lid. The portion of tunica conjunctiva covering the inside of the lid thus everted, became thickened in consequence of exposure, and a considerable swelling formed. In addition to the eversion and consequent thickening, in the course of a few weeks a swelling of the whole lid was apparent, from the reproduction of a tumour beneath. The disease went on rapidly increasing until July 13, when Mr. Green, with the concurrence of Mr. Travers, determined on a second operation.

The first step in the operation was making a perpendicular section, completely through the eye-lid, and then dissecting away the thickened tunica conjunctiva. This being done, the tumour was exposed resting immediately on the ball of the eye, and passing far backwards into the orbit. As in the former operation, it was taken out piece-meal, and the process of removing it was exceedingly tedious; the tumour dipped down between the muscles of the eye, and it was carefully dissected thence. The superior rectus and oblique muscles were laid bare in the operation. At length the whole of the tumour being removed, the edges of the incised eye-lid were brought together by means of strips of adhesive plaster.

The patient has gone on well since the operation; the wound of the lid has closed, and there does not appear to be at present any disposition to a recurrence of the disease.

We had almost omitted to observe that the vision of the eye itself has been perfect throughout; the obstruction to sight arose from the circumstance of the lid being so much swollen, as completely to cover the eye.

MIDDLESEX HOSPITAL.

CASE OF COMPOUND FRACTURE, AND DEPRESSION OF THE OS FRONTIS.

Caroline Lamb, a little girl, six years of age, was brought to this Hospital on the afternoon of the 10th of June, having received severe injury to the head. The child fell out of a hay loft, a considerable distance from the ground, and pitched directly on her head. She was instantly picked up and brought to the Hospital.

On examining into the nature of the accident, a small incised wound was observed to the right of the mesian line of the frontal bone, near to its junction with the parietal. On passing the finger into the wound, a fracture of the frontal bone was detected, to the extent of about an inch, the bone being depressed about three lines.

The child at this time appeared but little affected by the injury; the pulse was only slightly oppressed, the pupils were of the usual size, and obedient to light, and the breathing uninterrupted. She was put to bed, and a dose of calomel and rhubarb ordered to be given immediately; the edges of the wound brought together by means of adhesive plaster.

17. The sensorium not in the least affected; the countenance is placid, and the child is in fact free from any unfavourable symptom.

19. The wound is healing kindly, there have been no symptoms of cerebral affection. Pulse 80; tongue moist; the bowels are kept in a lax state, by the occasional exhibition of an aperient powder.

23. Going on well. The appetite, which for the first few days was rather indifferent, is now much improved. Bowels open; tongue moist; and pulse natural.

25. The child for the last few days has been running about the ward, and appears quite recovered.

CASE OF LACERATED WOUND OF THE LEG, WITH A NEW REMEDY FOR ERYSIPELAS BY JOE BURNS!

Thomas Daly, a lad about 18 years of age, was brought to the Hospital on the 10th of June, in consequence of having injured his leg, by falling from a scaffold.

On examination, there was found to be a transverse lacerated wound on the fore part of the leg, immediately beneath the knee-joint. The wound was cleared of some extraneous matter, which had got into it, and some simple dressing was applied. An aperient was administered. The wound was going on favourably for

some time after the accident, when a slight erysipelatous blush appeared round its edges. Fomentations were directed to be applied by Mr. Shaw, *alias Junior Joe*. A dose of saline mixture, with antimonial wine, to be taken every six hours.

27. To-day the *Senior Joe* visited the patient, in consultation with his colleague; the erysipelatous inflammation had now extended up each side of the thigh, and the inflamed part was thickly studded with small vesicles. The fore-part of the thigh is free from redness. The pulse is 90, and *full*; tongue moist, with a brown streak in its centre; bowels open twice yesterday.

"What are you applying here?" asked the Senior Joe. "Fomentations," was the reply. "*Eh! eh! I have known a decoction of quince-seed used a good deal in erysipelas of this kind;* and I think that I should try it here, Mr. Shaw." "Well, *I* think (said Lithotomist Shaw) a mucilaginous application of that kind would be just the thing, this hot weather; and therefore, if you please, (turning to the dresser,) we will *just* order that."

A decoction of quince-seeds was therefore ordered to be applied to the part.

The case terminated favourably, and we understand that Mr. Shaw has it in contemplation to publish it in the *Yellow* Journal, as illustrative of the beneficial effects of a *decoction of quince-seed in erysipelas*.

On looking over the hospital books, we find the following prescription by our friend the Senior Joe, written two years ago; the case, gangrenous inflammation of the thigh. *Solution of subcarbonate of ammonia, 1 drachm; decoction of quince-seed!! 4 ounces.*—Mix. This was ordered to be *smeared* over the inflamed part with a feather!!!

WESTMINSTER HOSPITAL.

PUNCTURE OF THE RADIAL ARTERY IN VENESECTION.

On Friday the 4th instant, a man was admitted with a large pulsating tumour at the bend of the fore-arm, occasioned by a puncture of the radial artery, in an attempt at venesection.

The patient is about 40 years of age, and applied to a druggist on the Sunday preceding his admission, to be bled. The druggist bled him, and punctured the radial artery, but nothing intimidated, he placed a compress of lint on the incision, told the man to go his way, and that he would do very well. The patient, however continued to bleed two or three times every day, until his admission to the Hospital, which was about six in the evening. Shortly afterwards, the hæmorrhage returned; the house-surgeon was called, who sent for Mr. White, and about 12 o'clock the same night, Mr. W. judged the case of sufficient necessity to cut down upon the radial artery, at the bend of the arm in front of the elbow, and tie the vessel above and below the opening. At the time the operation was performed, the fore-arm was very much swollen and discoloured, insomuch that even after the operation, Mr. Alcock took a drawing of the parts, considering the arm to present a fine specimen of the force of pressure in producing ecchymosis.

Simple dressing was applied to the wound, and from the great tension of the parts a warm fomentation and a poultice were used. This is a practice to which we decidedly object, since the tension could only be produced by the great irritation of the parts, aided by the mechanical impediment placed to the return of the venous blood. The arm, however, has fortunately subsided somewhat, and the patient is going on well. He is taking some cooling aperient medicine.

On the following morning, Saturday, Mr. White apologized to the pupils for having operated in their absence, which the necessitous nature of the case did not, however, require. Sir Anthony Carlisle happened to be present, and Mr. White, refering to the cause of the injury said, "The case, Sir Anthony, was a serious one, although not the offspring of a member of that body of which you are one of the head and chief." "Oh, never mind that, replied the chirurgico-naturalist of Langham-place, send it up to The Lancet, and they will soon show to what class the author of the mischief belongs." In obedience to Sir A.'s hint, we have only to say, that the phlebotomizer was lawfully authorised to prick the veins, or even the *arteries*, of his Majesty's subjects, for any thing Sir Anthony or his colleagues can say to the contrary. If the public will go to ignorant men, they must take the consequences.

OPERATION.

On Saturday last, the operation of lithotomy was performed by Mr. White, on a boy of about eight years of age. The curved staff, common scalpel, and the bistouri caché of Frere Jacques, were the instruments employed. The operation was well performed, and the stone was of a moderate size. The stone was composed of the ammoniaco-magnesian phosphate, about the size of a walnut.